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ABSTRACT

The speeches, papers, and workshops descriptions presented at the second annual National Conference for Child Care Workers are presented. Several issues relating to child care supervision, child care work, and child development are considered along with the management of group living environments and various aspects of supervision. Job responsibilities of houseparents and methods of behavior management by live-in houseparent couples are identified. Stress management and helping skills for childcare workers are presented. Child development methods focus on self-realization techniques, creative drama, and values clarification. Race and identity, child misbehavior, and personality needs and development are discussed. Approaches to child development are focused on in the areas of rational emotive therapy, transpersonal communications skills training, conjoint play therapy, and behavior modification. The special needs of emotionally disturbed, deaf, and hospitalized children are also considered. (RC)

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PROCEEDINGS Of THE NATIONAL CONFERENCE FOR CHILD CARE WORKERS

Second Annual
1980

Norman W. Powell, Jr., Editor

This publication contains speeches, papers, and workshop descriptions presented at the National Conference for Child Care Workers held Oct. 9, 10, 11, and 12, 1980 in Valley Forge, PA.

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Sponsored by:

The National Organization of Child Care Worker Associations and The Inter Association Child Care Conference.

FORWARD

The Inter Association Child Care Conference, consistent with the goals of The National Organization of Child Care Worker Associations, is dedicated to the sharing of knowledge and the enhancement of professional competence of those who work with Children and Youth.

This year's Second Annual National Conference for Child Care Workers was a premier example of the two groups' commitment to these goals. More than four hundred participants throughout the nation and Canada were in attendance. The content and quality offered by the workshop leaders was relevant and beneficial.

Of equal importance was the invaluable exchange between participants which occurred during quiet informal discussions.

There was an enthusiasm and spirit which prevailed throughout the four days of the conference. This enthusiasm conveyed a sense of optimism. This spirit conveyed a sense of well being. The entire tone of this event was constructive and supportive.

This compilation of Conference Proceedings serves as a tangible record of a valuable four-day learning experience.

On behalf of NOCCWA and the IACCC, I would like to express sincere appreciation to all who worked to make the conference a reality. An extra "thank you" is extended to those workshop leaders who took the time to write and submit descriptions of their workshops for inclusion in this publication.

The Editor

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NATIONAL ORGANIZATION OF CHILD CARE WORKER ASSOCIATIONS

The National Organization of Child Care Worker Associations began as the National Task Force of Child Care Associations in 1975, initially composed of the New York, Maryland, and Pennsylvania Associations of Child Care Workers. Gradually this group expanded to include other state associations and the National Task Force set as its goal the laying of the foundation for a national advocacy, educational, and service organization of Child Care Workers. After numerous meetings of the Task Force with representatives of states throughout the country, the groundwork was laid for the official incorporation of the National Organization of Child Care Worker Associations in September, 1977, at the Midwest Regional Conference for Child Care Workers in Chicago, Illinois.

The purpose of the NOCCWA is to advocate and promote quality care and competent services for children and adolescents through the development of programs and activities that enhance the professional competence, influence and knowledge of Child Care Workers and, in so doing, advance the professional field of Child Care Work throughout the Nation.

The overall goals of NOCCWA is to foster national integrity and commitment to the services provided for children in the United States. In addition, the organization will serve to:

- Represent Child Care Workers on national issues while supporting and enhancing the autonomy and integrity of state associations;
- Increase the communication and encourage the development of the skills and knowledge of Child Care Work;
- Function as a strong advocate of professionalism and professional growth of Child Care Workers;
- Provide a clearinghouse for information on training programs, research, needs assessment and other resources for Child Care Workers;
- Increase public awareness and understanding of the field of Child Care; and
- Assist in further defining and strengthening the professional identity of Child Care Work.

INTER ASSOCIATION CHILD CARE CONFERENCE

This organization was created in 1975 and in 1979 held its fifth annual Conference. Its Board consists of members of the Pennsylvania, Maryland, and New York Associations of Child Care Workers, and every year the Conference draws 400 participants from the Eastern United States and Canada.

This year the Inter Association Child Care Conference accepted the proposal of the National Organization to co-sponsor an enlarged National Conference.

The Officers and Board Members of the two sponsoring organizations

THE INTER ASSOCIATION CHILD CARE CONFERENCE

officers:

David Austin- President
(Pa. Assoc. of CCWs)

Norman W.Powell- Vice President
(Md. Assoc. of CCWs)

Bill Halpin- Secretary
(Pa. Assoc. of CCWs)

Rick Heinze- Treasurer
(Pa.Assoc.of CCWs)

at large Board members:

Sr.Madeleine Rybicki

Ralph Kelly
(New York Assoc.of CCWs)

Dennis Barry
(New York Assoc.of CCWs)

Bud Murphy
(Pa. Assoc. of CCWs)

Delores Long
(Maryland Assoc. of CCWs)

THE NATIONAL ORGANIZATION of CHILD CARE WORKER ASSOCIATIONS

Officers:

Ralph Kelly- President
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Mary Sue Lyon
(Illinois Assoc.)

Mark Krueger
(Wisconsin Assoc.)

CONFERENCE COMMITTEE

CONFERENCE CHAIRMAN

David Austin

CONFERENCE SECRETARIES

Jean Leuliette
Mary Lawlor

FILM COMMITTEE

Bill Reckard
Charles Lindenlaub

NATIONAL CONFERENCE 1980

PROGRAM OUTLINE

Thursday, October 9, 1980

12:00 Noon - 8:00 P.M.	Registration and Room Assignment
2:00 P.M. - 4:00 P.M.	Films
4:00 P.M. - 5:30 P.M.	Opening General Session: Ralph Kelly Panel Discussion "Group Homes and Institutions. Do we need both? Can one live without the other?" A Review. Kathleen Lukens, Wesley Perkins, Denis Barry
7:15 P.M. - 9:30 P.M.	Films
7:15 P.M. - 9:30 P.M.	Workshops
9:30 P.M. - 12:00 Midnight	Film Requests
9:30 P.M. - 12:00 Midnight	Reception and Cocktails

FRIDAY, October 10, 1980

8:00 A.M. - 6:00 P.M.	Registration
9:30 A.M. - 11:45 A.M.	Institutes and Workshops
2:30 P.M. - 4:45 P.M.	Institutes and Workshops
5:00 P.M. - 6:15 P.M.	Films
5:00 P.M. - 6:15 P.M.	National Organization of Child Care Worker Associations Annual General Meeting
6:30 P.M. - 8:30 P.M.	Banquet General Session: Fritz Redl
9:00 P.M. - 12:00 Midnight	Film Requests
9:00 P.M. - 1:00 A.M.	Party and Show with SPOTLIGHT

SATURDAY, October 11, 1980

8:00 A.M. - 11:00 A.M.	Registration
9:30 A.M. - 11:45 A.M.	Institutes and Workshops
2:30 P.M. - 4:45 P.M.	Institutes and Workshops
5:00 P.M. - 6:15 P.M.	Pennsylvania Association of Child Care Workers Annual General Meeting
6:30 P.M. - 8:30 P.M.	Banquet General Session: Ian Morrison
9:00 P.M. - 12:00 Midnight	Film Request
9:00 P.M. - 3:00 A.M.	Disco Party

SUNDAY, October 12, 1980

9:00 A.M. - 11:00 A.M.	Registration
10:00 A.M. - 12:00 Noon	Inter Association Child Care Conference Annual General Meeting
10:00 A.M. - 12:15 P.M.	Workshops
12:15 P.M. - 1:30 P.M.	Closing General Session: Norman Powell

KEYNOTE ADDRESS BY:

Dr. Fritz Redl

Valley Forge, Pa.

Friday, October 10, 1980

Good evening friends. I am deeply impressed with the fantastic development of this organization, and with the terrific work which has been done by those of you who have led its development. I am also impressed by the richness of what you have written up in this conference program which shows how correct a view you have taken and how many varieties of additonal concerns, concepts, skills, and awarenesses that you have included in your concept of what the child care worker really ought to be and do.

I would like to start my comments with a few warnings. The first one is that I get worried about the term child care worker, because the word has been so stuffed with everything anybody could ever think of doing that I think it is important to remember what we are talking about. I think it is important to realize that the term is not simple anymore and we have accumulated a wide range of concepts and the term itself has to be looked at each time. Neither of the implications of the work "child care worker" is wrong or right. Each one is correct. So let's make sure that we don't argue unnecessarily. Let's ask first, what does this one have in mind because it might be quite different from that which we were originally talking about. We know how often changes in terminology confuse issues and how often a whole movement gets spilt of disorganized because people think they're talking about the same thing, but they are not. We must always remind ourselves of this fact. If you don't agree with what some people call child care workers, it doesn't mean that you are wrong, it simply means that we are talking about two different things.

The second thing which I would like to remid us of is that it is very important not to forget from where we have come. The kinds of kids with whom you were stuck at the time when you were originally called a "child care worker" still need child care workers and they need the very function which we originally had in mind when you got stuck with them. An important role of the child care worker is that you actually take care of that kid when no one else can take care of him or when something is wrong somewhere. It means that you "take care of" the child in the literal sense of the work. It doesn't mean that you treat them and do <u>everything</u> that this kid needs, it simply means that sometimes you are struck with a kid because for some reason something that is needed is not available. It is the role which actually remains important no matter how fancy we get,

no matter how well trained we become, no matter how rich we make our concept of what the child care worker should be. There will always be the kind of kid who needs our special care and with whom we must work because without our help the kid will be not helped. Don't forget this kid as you develop your new concepts and expand the profession.

And now I want to emphasize this. I remember many situations in residential or hospital settings where relatives of children received elaborate services including individual therapy. All of a sudden one of the youngsters gets panicky and that youngster, however, comes from a background where he cannot afford to be anxious, and if he is afraid he cannot show it. When he gets panicky, he becomes very aggressive so that nobody else even suspects that he is afraid. Where he lives, he can't afford to be afraid. You know what life is like in some of those youngsters' social situations. In that case, this youngster who becomes panicky, must act especially aggressive and assaultive. This youngster does not dislike his therapist - this youngster gets scared when he becomes aware that the therapist is right in assessing the youngsters behavior. The therapist may be a very nice and an experienced professional lady who is very skillful with kids, but who should not or cannot be engaged in trying to hold that youngster who is so skillful in battle, and she hasn't learned to be that skillful, and even if she is that skillful she can't do that with that kid when he is in therapy. She needs somebody else to take care of that kid now because she should not be in that role at that moment. Maybe she interpreted too much too fast so the kid got that way. Many youngsters when they really like somebody get suddenly scared. If the other kids see that they like this person too much, they will think that he is a sissy. If he starts showing her he likes, her, it gets rough and she may get killed. In fact, I had kids who refused to go to their therapy hour because they were afraid they would kill the therapist. "But I like her - I don't want to kill her. But she doesn't know what to do if she takes the knife away from me, and she lays it down again. She doesn't know what I will do if she puts the knife down again, so I won't go over there unless my child care worker goes with me." I had situations where a kid refused to go into the therapy room unless the child care worker was outside the door or unless the child care worker would have come with him into the room. Now for instance for a therapist, it is a funny concept, you hope that the kid is glad that it is all private and you can promist the kid that you will never tell anybody what you discussed, and then the kid wants the child care worker witting in. The kid would not be comfortable without that. "I know I could kill her if she couldn't help herself - I don't want to kill her - I like her, but once I get that way I never know what I am doing. I want to be sure you are with me because you can take care of me. This is your role, and by the way, it is no face losing. If the child care worker holds me or even sits with me for a moment to be sure that I am not using this knife now, that is no face losing." It would be face losing if a teacher might do it, but not the child care worker. The child care worker has a certain role of taking care of this child and tha is "tax exempt" from other roles. As a child care worker you can do certain things which if another person did them there would be a role conflict. It means therefore, if you are the kid's therapist, you should not even get involved in situations of heavy intervention which may be indicated because the kid has lost his noodle momentarily and is going berserk. This situation requires the unique intervention skills of a competent child

care worker. There is a certain role concept built into the child care worker taking care of this kid. If you would switch and become partly therapist we would immediately have to hire another child care worker of the original definition whom you could call and say, will you please take Bobby off because we can't have that going on in therapy, and as a therapist I should not get entangled in that because it is a role conflict. Somebody has to stop and help him and also help him to see that this is not a hostile intervention and from the child care worker it is a protective intervention. He will battle, but you can take care of it. You will know what to do in the situation, but it has to be a different person so there is no role conflict created. What I am trying to say is that the original child care work role is still needed, even though obviously a terrific amount of skill and additional knowledge is also needed and very valuable. But even though all the skills which you get when you go through all the training may make you ready for other functions, you are still needed in the life of youngsters who are very troubled, and who under certain conditions need something done which other people cannot perform as well because of the concept of the role. There will always be a need to produce a child care worker of the original definition. In short, what I ask you for the future of child care work, don't leave your original role behind. Add to it everything you can but don't leave the kind of kids you originally had or don't look down on it, because you are now richer, that does not mean that what you originally had to do was less important or less valuable. It is as relevant to that situation as it always was, and if you assume another role you will need child care workers to bail you out when the situation becomes difficult.

Another question I would like to raise is "How far can we develop and how far will the field be supported?" That part of it, of course, is a rough one because I have no crystal ball to look into the future, and in general I am not too optimistic about the readiness of society to spend money on kids. In fact I find the opposite. I find that in general kids are the first thing that you can neglect provided that you do not admit that is what you are doing, and find a good excuse, and the complexity of what the youngsters really need, is denied in general in the public very much. Anybody who makes a speech and says you must save money because it would be a luxury to spend so much money on kids, has good luck because the general public will not support them because they are afraid they might have to pay more taxes. By the way, the politicians themselves are stuck with it. It is the general public who doesn't look sharply enough and I think that child care workers and especially child care workers with the degree of sophistication which you are developing. You have to speak up and you have to make yourselves heard if people over simplify because there is a danger in over simplifying such complex social issues related to meeting the vital needs of children. For years, for instance, in schools we know that we have suffered from large classes. Whenever there has been an opportunity to have smaller classes we say "What are we doing?" We must say "oh no, it costs too much so let's make larger classes." Even though for a few years we found it would lower the class size so that the learning situation would be more improved. Instead of that we make it so nobody learns. You can't afford this. You will have to check into this, and your voice will have to be heard and say "look, we know more about it. We know of kids who did not learn, not only because the teachers were lazy

and didn't teach any basics but because the kids were in no shape to learn. This is a different story. It is not as simple as it is made whenever you want to talk to somebody in order to save money. In short, the general trend is very much in order to save the overal situation, to leave the actual complexity of what kids need or what kids are like or what is needed for them unheard by the general public, and the general publis is well defended against it and is happily agreeing to whatever sounds more reasonably economical for the moment. And nobody else would speak up except people who know and who also will become the people who not only know but who ought to have the voice with them, and if you don't scream bloody murder and say we know kids - we have been in all situations with kids and we know what it is like. We have seen this develop so let's look at it - it's not as simple as it is made. Not only because somebody doesn't want to teach - some of the kids don't know how to read.

Again, I want to thank you for inviting me to speak before you this evening. The needs of children are many, the challenges required to meet these needs are great. As child care work professionals you must provide for these children and must be equal to the challenges. Good luch to you all.

We regret that we were not able to include in these Proceedings the outstanding and thoughtful address given by Dr. Ian Morrison on Saturday, October 11, 1980. If possible, copies of this address will be made available at the Inter-Association Child Care Conference to be held at the Valley Forge Sheraton, November 13, 14, 15, 1981.

A SUMMARY OF THE INSTITUTE:
A LOOK AT THE CHILD CARE SUPERVISOR

Sister Madeleine Rybicki
MS in Child Care/Child Development
Pittsburgh Director of the John Bosco Program
St. Anthony's Children's Village Parmadale, Ohio
Director, Inter Association Child Care Conference

A SUMMARY OF THE INSTITUTE:
A LOOK AT THE CHILD CARE SUPERVISOR

This institute dealt with an overall look at the child care supervisor. The goal was to provide a broad scope of material and suggestions and create an atmosphere for discussion and mutual sharing of "what works" among the participants. The institute consisted of four sessions dealing with needs and attitudes of supervisors, the administrative role and its responsibilities, the supervisor as teacher and trainer, and a personal look at the supervisor's day, the importance of evaluation, and developing a plan of action. The institute was primarily experiential with input leading to some form of active response by the participants, including brainstorming, role play, discussion, and reflective writing and listening.

Many times supervisors are confronted with the overwhelming task of trying to satisfy everybody's needs. Not only overwhelming, but impossible. Such a thing as a Needs Survey gives the supervisor a chance to look at how to respond to the day to day needs of all concerned. Spending time answering such questions as "How do I get my people to take a real interest in their jobs?"; "How can I tell whether the training being given to my staff is effective?"; and "What does top management really expect of its supervisors?" enables the supervisor to look at how he/she is meeting needs.

Reflecting on how positive and negative attitudes influence the supervisor's response to the needs of others as well as his/her own needs also keeps the supervisor in touch with his/her motivation for operating. If the supervisor is constantly critical or suspicious of top management, for example, it's very difficult for those negative attitudes not to be transferred to those under supervision. But if the supervisor is enthusiastic and has realistic expectations of staff, those positive attitudes come through loud and clear and rub off on staff as excellent motivators.

Why does one become a supervisor? Hopefully, to share the dynamics and enthusiasm and love for child care with a staff eager and willing to learn. Looking at why one has a particular job puts that job in proper motivational perspective and makes for greater job satisfaction as well as effective performance. If I'm in it just because it's a job, it might be well to rethink my motives and help myself discover some reasons why I really haven't felt too effective lately.

And, what are the characteristics of effective supervisors? The supervisor can examine himself/herself on the following: patience, integrity, dependability, loyalty, empathy, initiative, flexibility, aggressiveness, perceptiveness, and fairness.

Looking at the administrative role and responsibilities brings to light the overwhelming tasks of the supervisor. He/she has to relate directly to the administration, child care staff, and residents. It is important to understand the role requirements and expectations as clearly as possible to meet demands. Professionalism in relating on these three levels is of utmost important.

Handling conflicts and solving problems effectively eases the burdens of supervisors and child care staff. Sources of daily conflicts are endless and some specific techniques for handling them are necessary to fall back on. When working to solve a problem, whether it is staff-related or child-related or administration-related, the first step is to define the task to be achieved. Then develop alternate courses of action and a hierarchy of values in determining which course to follow. Fourth, implement the course of action which seems to be most feasible, and finally, evaluate according to results of the action, progress made, and problems encountered. Conflicts and problems cannot be solved all at once and require patience, communication, and team effort.

The third section of the institute dealt with the supervisor as teacher and trainer, exploring the importance of in-service, various topics, methods, and a specific in-service program on the topic of empathy and how to develop it among child care staff.

In-service is an essential part of each supervisor's responsibility. Yet many times determining where the needs are can be difficult. One agency listed close to 300 topics, ranging from the most nitty-gritty to the most profound. Beginning child care workers need initial in-service regarding information-sharing and support. All child care staff need ongoing development which includes understanding basics as well as increasing skills and knowledge. The supervisor should be seen at work, for example, in crisis intervention, counseling, and daily routines, as well as meet with the staff as a group and individually.

Empathy was treated at a more in-depth level as an in-service topic during the institute. Participants were given a pre-test to determine where their empathy levels were before and after the in-service. Empathy or "feeling with" the other person is a valuable skill for the child care worker to develop. Empathy is expressed by attending, responding, initiating, and communicating with the other in a warm, genuine, understanding, and caring way. Once a child feels the child care worker is really "in his shoes" the response is growth-producing. The difficulty in developing the skill of empathy lies in the fact that at first it seems to result in little progress. The feeling might be: "It would be better to just speak it out and let them know I mean business." Empathy requires a little more time and patience than that.

Part four of the institute looked at the child care supervisor's personal effectiveness, how he/she divides the "eight-hour day," extra hours on-the-job and at home, evaluation of self and staff, and an action plan for "back home."

The eight hour day is filled with meetings, in-service, training on-the-spot, paper work, planning time, and involvement with residents. Demands of home life, professional development, and take-home work can lead to stress, burn-out, and ineffectiveness. Many times there are no hours left for rest, leisure, family, or just plain free time. All these factors contribute to "wellness" or stress, depending on how they are handled. The supervisor must take a look at his/her effectiveness at home and on the job. He/she must strive for balance and seek to establish priorities which will lead to personal well-being. Evaluation of staff and self in this area of balance and professional effectiveness should be an on-going responsibility of the supervisor.

Time was provided for developing an individual planning guide for the "back-home" situation. It consisted of three areas of concentration. First, a concrete look at behavior and attitudes that may need to be changed right now. Second, the resources necessary to facilitate those changes, and third, a definite plan of action to improve the quality of supervision and working climate in the unit within a three month time period.

As mentioned in the introduction, this institute focused on various aspects of supervision ranging from personal to professional to create a climate for discussion and sharing between the presenter and participants.

SKILLS FOR THE MANAGEMENT OF THE GROUP LIVING ENVIRONMENT LEADERS

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SKILLS FOR THE MANAGEMENT OF THE GROUP LIVING ENVIRONMENT LEADERS

OVERVIEW

The "environment" of the group living facility is often the most discussed, but least understood element in residential programs. Papers and books have been written on the concept of "milieu treatment" and the use of "structure," but conceptually and in practical terms, the elements of the group living facility remain undefined. The need to conceptualize the "environment" (or milieu) becomes critical when one is attempting to deploy staff resources and determine appropriate skills for managing the group living facility.

Attempts to provide training for child care workers and their supervisors, that relied mainly on the concepts of group work or group therapy, have been inadequate in meeting the unique concerns of child care workers.

This institute is directed towards developing a perspective on the environment of the group facility in order to define major tasks and skills necessary for effective management. Consequently, the material is divided into two major sections:

1.) Elements of the group living environment

2.) Tasks and skills for effective management

Methodology will consist of presentation, simulations, individual and group exercises and discussion.

MAIN ITEMS OF FORMAT

Day 1

1.1) Institute will begin with a brief individual exercise ("DECISION") that presents a benign but complex situation between a child care worker, four residents and colleagues. Six alternative responses are suggested, participants are asked to choose the best response from those offered.

1.2) Participants then divide into groups of five and are asked to consider the same material but this time come to a single group answer that all can accept. Group is to give three major reasons for their choice. Those who changed their original choice are asked to give their reason for changing.

1.3) This will be followed by analysis of the responses and discussion with a brief presentation on DECISION-MAKING.

2.1) The material from this introductory exercise will be linked into beginning to consider the ELEMENTS OF THE GROUP LIVING ENVIRONMENT. In defining the environment of the Group Living facility, the following schema will be presented:

Function of facility	- vs -	Value of Members
Group Need	- vs -	Individual Expression
Security	- vs -	Growth
Group Cohesiveness	- vs -	Separation Anxiety
Conservation	- vs -	Change
Control	- vs -	System Tolerance
Integration (of treatment)	- vs -	Visibility (of Behavior)

To juxtapose these variables as if they existed along a continuum is to illustrate that each can act against the other and create daily issues in management in order to maintain "balance."

2.2) Analysis and discussion in relation to daily experience of participants will be elicited and discussed.

3.1) The schema (above) is intended to serve as a format for defining tasks and skills, which becomes the subject for the remainder of the institute.

3.2) Each element of the schema presents a multitude of tasks that can be listed. This multitude of tasks presents an obvious problem for the child care worker (a problem shared with supervisors and administrators) who must fulfill certain functions of management (i.e., planning, organizing, controlling and coordinating).

3.3) Participants will consider the question: How do you balance too many considerations at the same time? You negotiate. Material will be presented to support that child care workers spend a major part of their day in negotiation and conflict resolution (negotiating with residents, colleagues, administration, internal and external systems).

3.4) The primary skills that will be identified and practiced will be (a) OBSERVATION; (b) ANALYSIS; and (c) NEGOTIATION. Major emphasis will be on negotiation. Participants will have the opportunity to recognize and practice the win-win nature of successful negotiation and conflict-resolution process, as opposed to win-lose strategies.

Packaged materials and group exercise will be used for this part of the Institute and will conclude the activities of Day 1.

3.5) In preparation for Day 2, participants will be asked to bring an example of a change introduced in the last six months in their agency that was successful; one that was unsuccessful.

Day 2

1.1) A re-cap of Day 1 and reactions to material presented so far.

1.2) Presentation from their own experiences of examples of:

a. attempted change in their facility that was successful

b. attempted change that was unsuccessful

1.3) Leaders will initiate discussion to differentiate successful from unsuccessful attempts and relate this to material presented on Day 1.

1.4) Brief presentation of an attempted change in a residential treatment program that was unsuccessful with an analysis.

2.1) Small group exercise: Participants will be asked to present an issue where they would hope to see change in the next six months, the steps they may take and the particular skills in negotiation. (Day 1, Item 3.4 (c)) they could utilize.

2.2) Discussion of material from small group exercise.

3.1) Final synthesis of material from the two days. Participants will divide into two groups and develop a hypothetical program in response to an issue presented by leaders.

3.2) Participants will be encouraged to review elements of environment and tasks of management and refine the definition of skills that are required.

SUPERVISION: THEORY, PROCESS AND FUNCTIONS

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SUPERVISION: THEORY, PROCESS AND FUNCTIONS

Supervision is viewed as a process of mutual growth on the part of the supervisor and the supervisee. This process is based on principles of adult education and a developmental model of learning. The principles which govern adult learning, enumerated by Knowles (1970; 1973), are determined by four characteristics which differentiate adults from children in the learning process: (a) adults are self-directed whereas children have learning imposed on them; (b) adults have much more experience upon which to draw; (c) adults are more ready to learn since what they learn often determines their ability to support themselves; and (d) adults have a problem-centered approach to learning.

While not synonymous with education, supervision is a type of education which seeks to maximize the potentialities of the supervisee within the parameters of the job or position as defined by the organization. Supervision, while affording immediacy of application, the opportunity to draw on the experience of the supervisee, and the supervisee's presumed willingess to learn, does not allow supervisees unlimited latitude in selecting what will be learned. The area of learning will largely be determined by the needs of the organization and the expectations inherent in organizational roles. The organization has goals and objectives which it must attain if it is to be effective and survive. Supervisees are not completely free to choose what they will learn. This is determined by the organizational demands of role, and supervision must be geared toward learning which makes supervisees "fit, qualified, or proficient" for their organizational roles. It is the role of the supervisor, in part, to see to it that these organizational needs are being met. It is within this framework of organizational needs that supervisees will be evaluated.

Although supervision is more specific and focused than simple "learning," and is defined primarily within organizational constraints, it nevertheless, since it purports to serve adults, ought to be shaped by the general principles of adult education. It cannot ignore the varied levels of competency and different needs- dispositions of supervisees. What Bergevin (1970) says of adult education also applies to the process of supervision:

> An effective program of adult education should consider the needs and related interests of the adult learner and attempt to discover and meet his real needs as well as the needs of his social order.

In order to facilitate growth which meets the needs of both the individual and the organization, supervisors must create a special kind of

relationship with supervisees. Real learning takes place when individuals change their behavior (hopefully for the better) through reflection, evaluation, and integration of their present experience with previous experience. This process requires accurate, two-way communication. Experience must be shared by both supervisor and supervisee. Potentially growthful experiences occur not only in working with children, but also in the supervisory relationship itself. This relationship must be based on mutual trust, respect, and open communication. Moses and Hardin (1978) identify two sets of conditions in a growth-producing supervisory relationship: (a) facilitative, which promotes the supervisor's understanding of the supervisee and the supervisee's own self-understanding; and (b) action-oriented, which leads to change and growth. Elements of these two conditions are, respectively: (a) respect, empathy and concreteness; and (b) genuineness, confrontation and immediacy. The response of the supervisor to disclosures made by the supervisee can either detract from or add to mutual growth. Detractive responses tend to negate the feelings and/or experiences of the supervisee. Additive responses express an empathic understanding which helps the supervisee find greater meaning and avenues for growth in his/her experiences. These responses take the form of four possible supervisor interventions: consultation, counseling, training, and instruction.

This model of supervision is complemented by the Helper/Trainer Model of Egan (1975). This is comprised of three stages. Stage I consists of helper response and client self-exploration. This stage establishes a relationship in order to explore a problem. It requires empathy, genuineness, respect and concreteness on the part of the supervisor. Stage II seeks to develop an integrative self-understanding on the part of the supervisee, and requires mutuality, advanced empathy, self-disclosure, confrontation and direct, mutual talk from the supervisor. Stage III seeks to develop action programs for the supervisee's professional (and personal) growth, and requires of the supervisor some awareness of principles of behavior change/maintenance, problem-solving methodology, and forcefield analysis.

Because organizational constraints, and sound learning principles, demand it, supervision includes an evaluative component. As with the learning process itself, evaluation must take into account the needs and self-direction of the supervisee as well as the needs of the organization and the demands of the role of the supervisee. Viewed in this perspective, evaluation involves both the supervisor and the supervisee. the supervisee will be evaluated within the parameters of organizational constraints, but, consistent with the principles of adult learning and growth, the supervisee outght to be able to set goals for professional growth which stem from his/her needs, interests and abilities. Periodic evaluation of the supervisee would be done in light of these mutually agreed upon goals. It would be done by both the supervisor and the supervisee. Responsibility for goal attainment then becomes primarily the responsibility of the supervisee.

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THE LIVE-IN HOUSEPARENT COUPLE - 24 HOURS

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THE LIVE-IN HOUSEPARENT COUPLE - 24 HOURS

WORKSHOP PRECIS

The goal of this workshop was to share and exchange ideas of what the 24 hour live-in houseparent couple must deal with and hopefully through this sharing we would all learn from each other how we can deal more effectively with the children we serve.

The 24 hour day was broken down into 7 areas and a survey among the group was taken. The most troublesome areas being chores, study hour and bedtime, followed by mealtime, showers, wake-up and snack time.

1.) Chores

a. New admission: teach and show the child how a chore is to be done. Give the child time to get accustomed to this, don't expect perfection.

b. Give the child the opportunity to work with other children within the group until he is accustomed to the routine.

c. A check list is a helpful tool and it should be readily available for the child to use.

d. A complete chore check list should be kept somewhere in the cottage in case someone needs to fill in.

e. "I did it days!" Offer alternatives, set time limits with a consequence, give additional chores, help him with the chore but not on a daily basis.

f. Houseparent as a role model.

g. Houseparent should be consistent when checking chores.

2.) Study Hour

Many of the boys and girls in our care are far behind academically and have little motivation. We have the responsibility of trying to motivate these children and teach them good study habits but we seemed to be foiled at all our attempts because of all the excuses they come up with: "I don't have any homework;" "I know how to read," and the list goes on. Some of the things

that we do for some of these problems are: have the child write a report on a topic we choose, give them a book to read on their reading level, review flash cards, help them write letters, read the newspaper or give them worksheets to do. We use an incentive called a Study Point System, maximum 5 points per night which may be accumulated and used to buy something from the storeroom on campus.

3.) Bedtime

a. For our particular age group 13-14 year olds, we find it necessary to stop any active games one half hour before bedtime, and it should be a winding down time so they are more relaxed when it is time for bed.

b. We don't allow any radios playing while they are in bed.

c. Children should be aware that the houseparents are available should they need some kind of assistance during the night.

d. Be sensitive to children who are afraid of the dark.

4.) Mealtime

a. Keep a relaxed atmosphere.

b. Teach and encourage good table manners.

c. Encourage them to take and try something of everything.

d. Controlled noise level.

e. Music - especially at Christmas time.

f. Educational placemats can stimulate conversation.

g. Table centerpiece used for special occasions.

h. Provide good conversation.

i. It's an opportunity to some effective listening, be sensitive and listen closely to types of conversation. Some conversation can be loaded with hidden and implied messages.

j. If a child is deliberately late for meals, there should be consequences, i.e., have him help do the dishes.

k. The overweight child should be helped with a special diet.

METHODS OF BEHAVIOR MANAGEMENT - ALTERNATIVES

There is no system that works 100% all the time. We feel you must be open to change and use different methods and tools, such as behavior, modification, reality therapy, level systems. Even those ideas or methods that have failed should be tried again at another time or when the group has changed.

In order to learn new behaviors, children need a consistent behavior in which the adult says what he means, and where there are consequences for behavior. The environment should be arranged so that acceptable behaviors elicit good things and unacceptable behaviors elicit bad things.

Effective discipline should be immediate. One should never bluff. Make sure you can and do follow through with what you are saying. Don't be afraid to reconsider discipline or even apologize if it was too severe or given during a fit of anger.

1.) Strategy

a. Tone - sit down with the child and if possible come down to his own level. Fear jams up his mental circuits and a child can't begin to try to think or hear. Also, don't keep a desk or table between you and the child. Talk in a matter of fact, concrete, but non-threatening manner.

b. What happened? Describe or recount what happened in a concrete step by step fashion (too many steps can confuse a person).

c. Feelings - describe feelings that the child now has, i.e., you are mad, you are scared, you are unhappy.

d. Consequences of present behavior - If you run away, if you go on hitting people, if you go on kicking or screaming (describe concretely what it is that he is doing), then you get into more trouble, you become more unhappy, you hurt other people, and they may hurt you back.

e. Alternative to present behavior - When you're made, or hurt or unhappy, tell somebody, your houseparent, a friend, your case worker.

f. Consequences of the alternative - If you tell somebody, they can help you. You'll feel better.

Some other alternatives that were discussed were restriction, level system, modified behavior, etc.

There was a lot more material that we wanted to present but due to lack of time, we were unable to do so. We concluded the workshop by

reading "The Ten Commandments of Human Relations" since we feel it applies to all of us in our daily lives and working with the children we serve:

THE TEN COMMANDMENTS OF HUMAN RELATIONS

1.) Speak to people. There's nothing as nice as a cheerful word of greeting.

2.) Smile at people. It takes 72 muscles to frown and only 14 to smile.

3.) Call people by name. The sweetest music to anyone's ears is the sound of his own name.

4.) Be friendly and helpful. If you would have friends, be friendly.

5.) Be cordial. Speak and act as if everything you did were a genuine pleasure.

6.) Be genuinely interested in people. You can learn to like everybody if you try.

7.) Be generous with praise - cautious with criticism.

8.) Be considerate with the feelings of others. It will be appreciated.

9.) Be thoughtful of the opinions of others. There are three sides to any controversy -- yours, the other fellow's, and the right one.

10.) Be alert to give service. What counts most in life is what we do for others.

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JOB RESPONSIBILITIES OF A HOUSEPARENT

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JOB RESPONSIBILITIES OF A HOUSEPARENT

When Dana asked me to comment on my job responsibilities I figured this would be a snap. I would simply list all the things I do, but when I finally got started on my list I discovered there were thousands of things, and the list would be a mile long and very boring. So I stopped and said, "Hey, I'm a professional, I'll approach this in a professional way!" Now everybody knows what a professional is, right? If I say doctor, lawyer, everybody knows what they do, but houseparent? "What do they do? Is he a parent to a house?" Well, yes, that's what I do. I see that the walks are kept clean, windows are washed, I hang up curtains, see that the cold food is all here and that the cookies have not been passed out before they get to the cottage; I count the eggs to see that they aren't in someone's car; I try to keep up with supplying clothing for 12 bodies that are constantly on the move to music, recreation, social worker appointments, basketball, gym, wrestling, arts and crafts, weight lifting, ceramics, piano lessons, dentist appointments, band practice, doctors appointments, Boy Scouts, laundry pick up, track, dances, football, and, would you believe, that once a month we all get together for a cottage trip. I also see that the clothing is mended and there are enough cleaning supplies and food staples for a month. I try to see that the cottage remains standing by keeping a constant open line to the business office to report repairs.

I faithfully attend staff meetings, team conferences, pre-admission and discharge conferences, parent-teacher meetings and go to sports banquets.

I sometimes drive kids to the dentist or doctor, athletic practices (and there are more than I can count on my two hands), the "I missed the bus," "I got sick at school," and some of us even get to drive the "Bethany bomb" for a host of reasons.

Did I mention that I also get to play nurse? Did you ever see 12 kids that aren't sick at one time or another? I take temperatures, give out aspirin, cold medication, cough syrup, band aids, calamine lotion, vaseline, rub sore muscles and look at black and blue marks. I even look at terrible bruises and "hurts" that are only seen and felt by certain people.

There is also a built-in physical fitness program. I run up and down the stairs many times a day to check chores, get tooth paste, check on study hour, get toilet paper, break up fights and arguments in the shower, get pens, pencils and paper, turn off blasting radios and lights and answer the phone. The phone -- !! Do you know how much time is spent on

the phone? Monday and Friday are the prime times. You always known when it's 2:30. The phone always rings at 2:30 and keeps on ringing until 5:00; then it waits until you are ready to eat and then it gets you again, so when you finally get to eat, the food is colder than it was when it came down from the kitchen.

At times I get to supervise football, basketball, and baseball games; I know 20 ways to play pool, I'm an authority on all kinds of table games from Aggravation to Monopoly to Yahtzee. I'm a walking encyclopedia; I know every country and its capitol, major rivers and lakes; I know everything from the mating dance of the Whooping Crane to the digestive system of sperm whales. I know the answer to every "What if. . .?" question any kid can think of.

Oh, did I mention that I'm also a diplomat? Bethany being a small world, I have five countries to deal with. There is the Social Worker country, the Kitchen country, Laundry country, Storeroom country, Maintenance country, and one of the smaller but most troublesome is the Administration country. Each one takes careful handling so as not to hurt their feelings and to extract the desired responses takes careful manipulation.

I'm an expert in etiquette, I've read Amy Vanderbilt and can set a table for any occasion, advise the love lorn, and answer any questions about sex.

Many famous restaurants are after my services as Master Chef! I can whip out 3 dozen eggs in 15 minutes, turn out six pizzas in one-half an hour, whip up 16 hoagies in 15 minutes and 42 hamburgers in 20 minutes.

Oh, yes, we also have kids that we deal with. I play detective to find lost or stolen articles and I find out who did it. I console losers of fights, deal with angry children whose mother didn't show up for the weekend. I get up at 2:00 a.m. to pick up runaways or help a kid change his sheets after getting sick.

Now I have to wind this up because Dana said I only had 5 minutes, but I'm sure all of you houseparents will realize that there are many things that I missed, but I do have a petition here for all of you to sign that I'm sending to President Carter extending the day to 30 hours so we can get some of these things done and still get our 4 hours off.

THE HOSPITAL-BASED CHILD CARE WORKER

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THE HOSPITAL-BASED CHILD CARE WORKER

Dualistic thinking has been the dominant paradigm in medicine since the 17th century. It was believed that the mind and the body were two distinct entities and that each was subject to different laws of causality. The high degree of specialization in science and professions has maintained the tendency to describe humans in essentially physical or psychological terms.

More recently there is an increasing awareness of the importance of examining the interrelationship between social, psychological and physiological determinants of health and disease. Terms such as "holistic health" and "behavioural medicine" imply the position that phsyical and psychological functioning are inextricably interrelated entities found on the same continum. The implications of this conceptualization to the care of hospitalized children are the focus of this presentation.

Research in the late 60's showed quite clearly that preoperative anxiety was a significant factor in impeding recovery from surgery and that young children were most vulnerable to the effects of anxiety relating to hsopitalization. In fact, studies in the mid 70's indicated that one hospital admission of more than one week duration or repeated short admissions for children before the age of 5 years created behavioural disturbance in these children which lasted into adolescence.

Research recently done at the Alberta Children's Hospital in Calgary, Alberta was discussed in detail. The study looked at two methods of preparing young children for hospitalization. The results showed that a preadmission procedure was effective in reducing maternal anxiety and viewing a peer modeling film resulted in lowered hospital specific anxiety in children and lowered incidence of undersirable post-hospitalization behavior. With this study and others it is shown that the adverse effects of hospitalization in young children can be reduced through carefully designed programs.

The vital role of the hospital-based Child Care Worker, or Child Life Worker, was examined as a means of attending to the emotional well being of the hospitalized child and his/her family. The essential goals for Child Life Programs, as outlined in a position paper prepared by the Child Life Activity Study Section of the Association for the Care of Children in Hospitals, were reviewed.

This was followed by an analysis of Child Life Worker competencies which were developed in Canada and the United States. It was interesting to note that there was considerable agreement across independent studies as to what constituted care competencies for the Child Life Worker.

The workshop concluded with a review of training programs for Child Life Workers in Canada and the United States. It was shown that there was need for more training programs for Child Life Workers and that there should be increased interaction between programs training hospital-based Child Care Workers and Child Care Workers in general. It would not be wise for Child Life Workers and Child Care Workers to proceed independently in their development when so many of the care competencies are similar and generic in nature. It was recommended that existing child care training programs extend their curriculum to include extra coursework specific to the hospital setting. Similarly, it is recommended that child care organizations develop special sections for Child Life Workers so that a vehicle exists to assist in the development of an important and growing aspect of child care.

RATIONAL-EMOTIVE THERAPY WITH CHILDREN IN EMOTIONAL CONFLICT

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RATIONAL-EMOTIVE THERAPY WITH CHILDREN IN EMOTIONAL CONFLICT

INTRODUCTION

Rational thinking is a common sense, action-oriented approach to problem-solving. This approach emphasizes people's ability to solve their own problems by challenging their irrational attitudes and beliefs about themselves and their environment.

Selective Literature Review

The rational-emotive theory and rational-emotive therapy (RET) was formulated first by Ellis in the late 1950's as an alternative to traditional therapeutic approaches.1/ This approach was described by Tosi as portraying a "realistic, humanistic, and concrete view of man as a thinking, emoting, behaving, and social organism."2/ Ewart and Thorsend further stated that Ellis has created a therapeutic approach that is consistent with a broad base of cognitive learning theory and research.3/ This orientation focuses on the perceptions and interpretation of events or situations which frequently account for one's emotions. In other words, thinking creates emotions. This is a relatively old proposition in psychotherapy. Adler realized that one's ideas frequently cause uncomfortable or upsetting feelings.4/ Ellis labeled these ideas and beliefs as rational or irrational ideas.

The influence of cognitions and beliefs on emotional arousal is one of the most basic tenets in RET. This construct has extensive research beginning in 1955. Eliss addressed this issue as one area of concern in his recent review of the literature. He concluded that there are ample research data to support the major clinical and personality hypotheses of RET and other modes of cognitive-behavior therapy.5/ Ellis stated that an irrational or inaccurate perception of events can lead to maladaptive and unwanted emotional responses. His recurring statement succinctly describes the central doctrine in RET theory: "What we call emotions and behavior do not merely stem from people's reaction to their environment but also from their thoughts, beliefs, and attitudes about that environment."6/ This is Ellis's ABC theory of emotions: A (an activating event) does not exclusively cause B (people's belief about A) more importantly or more directly contributes to (or "causes").7/ His focus of treatment is on correcting the irrational ideas or beliefs that the individual has about the activating event or situation. Once the individual correctly identifies the internal locus of control for his or her emotions, the dysfunctional emoting and behaving patterns can be corrected. Ellis's earlier writings stressed rational disputing or logical

persuasion of irrational ideas and beliefs. His later writings and clinical practice incorporated additional cognitive and behavioral methods into the RET system.8/

Maultsby made significant extensions to Ellis's original RET theory between 1967 and 1974. The merging of his adaptations and the original RET theory is what he refers to as Rational-Behavior Theory (RET). He invented the therapeutic written homework which he calls Rational-Self Analysis (RSA) and defined the term "rational" based on his five criteria for rational thinking. Maultsby advanced his version of Rational-Emotive Imagery (REI) and explained the five steps to emotional reeducation. These modifications are included in his final edition of the self-help model which is called Rational-Self Counselling (RSC). The RSC paradigm is basic to Maultsby's treatment intervention with both "normal" and clinical populations. Although Ellis did some earlier writings in the area of primary prevention, e.g., the preventive mental health model, it is Maultsby who is identified with this speciality.9/

Knaus described the Rational-Emotive Education (REE) model and the teaching techniques used in classroom situations.10/ Hauck wrote primarily for parents of problem children. He explained the RET theory and the application of the cognitive principles to parents.11/ Ellis claimed success for the classroom curriculum.12/ Edwards, Wilson and London, Rossi, Kimmel, Protinsky, and Young reported successful clinical experiences in their work with children and adolescents.13/

DiGiuseppe, Miller and Trexler, and Trexler reviewed RET outcome studies and mentioned several studies done with normal children.14/ Wasserman and Vorgin's study appears to be the only research using an emotionally disturbed child population.15/

Research in the application of Rational Therapy techniques with emotionally disturbed children is currently being done at Brewer-Porch Children's Center. The following questions are being explored: (1) To what extent do emotionally disturbed children learn rational-emotive concepts? (2) To what extent do these children use rational-emotive concepts to reduce inappropriate classroom behaviors? and (3) Is the learning of rational-emotive concepts related to the intellectual functioning of the child? Answers to these questions are important when considering a plan of treatment intervention for children.

The goal of this workshop is to demonstrate the application of the Rational Therapy Techniques with emotionally disturbed children in a treatment situation. For the purpose of this presentation, treatment consists of RET training sessions which take place in the classroom. However, treatment can take place in the residential setting or in a variety of other settings with individuals or groups as warranted.

The children's training sessions consist of didactic presentations and participatory experiences (e.g., role playing, puppet shows). The

irrational ideas and the rational challenges and solutions will be presented in videotaped puppet shows written and produced by this author. (See Appendix). The ABC theory of emotion is taught using Knaus's modification for children. This will provide the knowledge bases needed to facilitate the children's acquisition of rational alternatives to the irrational ideas related to their inappropriate behaviors. As the children become knowledgeable in rational concepts, they will produce their own videotapes. Each video production is approximately fifteen minutes and is followed by group discussions. Group discussions include role playing, role reversal, problem solving, and impromptu skits. This same format will be used to teach the participants in this workshop since the same rational concepts are taught to adults and children alike. This is because adults and children use the same universal irrational ideas (See Appendix) to upset themselves. The sophistication in communication is the only difference in the teaching techniques used to explain and experience the concepts.

FOOTNOTES

1/ Albert Ellis, Reason and Emotion in Psychotherapy. (New York: Lyle Stuart, 1962).

2/ Donald J. Tosi, "Personal Reactions with Some Emphasis on New Directions, Applications, and Research." The Counseling Psychologist, vol. 7, no. 1 (1977), p. 47.

3/ Craig K. Ewart and Carl E. Thoresen, "The Rational-Emotive Manifesto." The Counseling Psychologist, vol. 7, no. 1, (1977), pp. 52-56.

4/ Robert H. Dolliver, "The Relationship of Rational-Emotive Therapy to Other Psychotherapies and Personality Theories." The Counseling Psychologist, vol. 7, no. 1 (1977), pp. 59-63.

5/ Albert Ellis, "Rational-Emotive Therapy: Research Data that Supports the Clinical and Personality Hypothesis of RET and Other Modes of Cognitive-Behavior Therapy." The Counseling Psychologist, vol. 7, no. 1 (1977), pp. 2-42.

6/ Ibid, p. 3.

7/ Ibid.

8/ Albert Ellis, "Rejoiner: Elegant and Inelegant RET." The Counseling Psychologist, vol. 7, no. 1 (1977), pp. 73-82.

9/ Maxie C. Maultsby, Jr., "The Evolution of Rational Behavior Therapy," in Twenty Years of Rational Therapy, ed. by Janet L. Wolfe and Eileen Brand (New York: Institute for Rational Living, 1977), pp. 24-44.

10/ William Knaus, Rational-Emotive Education: A Manual for Elementary School Teachers, (New York: Institute for Rational Living, 1974).

11/ Paul Hauck, The Rational Management of Children (2d rev. ed.: Roslyn Heights, New York: Libra Publishers, Inc., 1967).

12/ Albert Ellis, "An Experiment in Emotional Education." Educational Technology, no. 10 (1971), pp. 61-64.

13/ Carl Edwards, "RET in High School." Rational Living, vol. 12, no. 1 (1977), pp. 10-13; Stephen B. Wilson and Terry London, "Rational Behavior Education with Young Adults." Rational Living, vol. 12, no. 1 (1977), pp. 16-19; Albert Rossi, "RET with Children: More than Child's Play," Rational Living, vol. 12, no. 1 (1977), pp. 21-25; Joel Kimmel, "The Rational Barb in the Treatment of Social Rejection." Rational Living, vol. 11, no. 2 (1976), pp. 23-25; Howard Protinsky, Jr., "Rational Counseling with Adolescents." The School Counselor, (March 1976), pp. 241-247; Howard Young, "A Framework for Working with Adolescents." Rational Living, vol. 9, no. 1 (1974), pp. 3-8.

14/ Raymond A. DiGiuseppe, Norman J. Miller, and Larry D. Trexler, "A Review of Rational-Emotive Psychotherapy Outcome Studies." The Counseling Psychologist, vol. 7, no. 1 (1977), pp. 73-82; Larry D. Trexler, "A Review of Rational-Emotive Psychotherapy Outcome Studies," in Twenty Years of Rational Therapy, ed. by Janet Wolfe and Eileen Brand (New York: Institute for Rational Living, 1977), pp. 252-287.

15/ Theodore H. Wasserman and Daniel J. Vorgin, "Relationship of Encorsement of Rational Beliefs, Age, Months in Treatment and Intelligence to Overt Behavior of Emotionally Disturbed Children." Psychological Reports, vol. 44 (1979), pp. 911-917.

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APPENDIX

IRRATIONAL IDEAS

The idea that you must -- yest, must -- have sincere love and approval almost all the time from all the people you find significant.

The idea that you must prove yourself thoroughly competent, adequate, and achieving; or that you must at least have real competence or talent at something important.

The idea that people who harm you or commit misdeeds rate as generally bad, wicked, or villainous individuals and that you should severely blame, damn, and publish them for their sins.

The idea that life proves awful, terrible, horrible, or catastrophic when things do not go the way you would like them to go.

The idea that emotional misery comes from external pressures and that you have little ability to control your feelings or rid yourself of depression and hostility.

The idea that if something seems dangerous or fearsome, you must become terribly occupied with and upset over it.

The idea that you will find it easier to avoid facing many of life's difficulties and self-responsibilities than to undertake some rewarding forms of self-discipline.

The idea that your past remains all-important and that, because something once strongly influenced your life, it has to keep determining your feelings and behavior today.

The idea that people and things should turn out better than they do; and that you have to view it as awful and horrible if you do not quickly find good solutions to life's hassles.

The idea that you must have a high degree of order or certainty to feel comfortable; or that you need some supernatural power on which to rely.

The idea that you can give yourself a global rating as a human and that your general worth and self-acceptance depend upon the goodness of your performances and the degree that people approve of you.

-- Albert Ellis

UNIVERSAL IDEA

The idea that emotional misery comes from external pressures and that you have little ability to control your feelings or rid yourself of depression or hostility.

Theme

Blaming Others for Your Feelings

Introduction

Susie Q - "Hi boys and girls - my name is Susie Q and this this is my friend Sleepy. I get to introduce the puppet show today. Sleepy and I are real excited - we have never been on T.V. before."

Today the story is about Rational Ralph. He complains about almost everything. He complains about his school work, he complains about his teachers, he complains about being picked on.

He complains so much that he starts believing that silly stuff he tells himself and feels bad.

Why . . . . . .

He even blames the teachers and others for making him feel bad.

Sometimes he is so silly . . . it sure is nice that his best friend is Rational Ruth. She helps him think about the dumb stuff he tells himself.

Ready Kids? (pause) O.K. -- Rational Ruth, Rational Ralph, your on."

Rational Ralph - "I've really had all I can stand! Teachers make me so-o-o mad. Sometimes I just want to leave.

Rational Ruth - "Oh my - here we go again. Now . . . what did they do?

Rational Ralph - "Well - just a lot of things. Mostly they tell me to do things that I don't want to do. I wish they would leave me alone."

Rational Ruth - "Rational Ralph, I guess I have a hard time understanding why you get so upset with the teachers. It is their job to tell you to do things."

Rational Ralph - "But, but . . . Rational Ruth . . . you just don't have any idea. They are always on my case. If I forget to raise my hand or if I forget to get permission to do something . . . they are always there to catch me. And besides that they give me work that is too hard!"

Rational Ruth - "But Rational Ralph, why is it so terrible to remind you to raise your hand or get permission to do something?"

Rational Ralph - "Well it just is - they fuss at me or make me stay after school and they make me mad. That's not fair!"

Rational Ruth - "You know, I wonder if the teachers are really unfair and trying to make you mad?"

Rational Ralph - "Well, certainly it is unfair. They go out of their way to upset me. They don't do that to the the other kids."

Rational Ruth - "Well, I sometimes think they are unfair but I remind myself that they really are doing their job."

Rational Ralph - "Oh Rational Ruth, you just don't understand. Any time I do anything I get caught. I can't even get out of my seat without the teachers seeing me. No-o-o question about it - they sure are out to catch me."

Rational Ruth - "Oh Rational Ralph - do you really believe that? You know, it might be your crooked thinking that we have talked about!"

Rational Ralph - "But Rational Ruth, everytime I turn around I'm being punished for some little thing I've done. Others can get away with everything."

Rational Ruth - "But Rational Ralph, you know how you exaggerate things. You know you do that. Remember how you told me about doing bad on all your tests - You ended up making bad on <u>one</u> test."

Rational Ralph - "You mean I'm just thinking that they always pick on me?"

Rational Ruth - "Yes - sometimes we think like that - and you know it's not true."

Rational Ralph - "But . . . but . . . sometimes I'm so sure the teachers just watch for me to do something wrong. It sure seems that way to me."

Rational Ruth - "But Rational Ralph, how do you really know they are out to catch you doing something?"

Rational Ralph - "I've told you! They give me time-outs or they make me sit out at P.E. They even have the nerve to make me stay after school when I don't do my school work. . . . They make me so-o-o mad!"

Rational Ruth - "Now - just look at you! You are telling yourself dumb stuff again. And, you are getting angry again."

Rational Ralph - (angrily) "Yea! Yea!"

Rational Ruth - "But Rational Ralph - if the teachers make you made - how come you are mad now? Why. . . look around you . . . the teachers aren't even here."

Rational Ralph - (Looking around) "That's right, that's right. They aren't here and I was mad." (Shaking head in disbelief) "I wonder how that happened? How can I be mad if the teachers aren't here to make me mad?"

Rational Ruth - "Wow! That's what I'm trying to tell you. <u>You</u> make yourself mad!"

Rational Ralph - "Oh Rational Ruth, no one wants to be mad. No one makes themselves mad.

Rational Ruth - "But Rational Ralph, we do make ourselves mad. Most of us don't know that . . . but we <u>do</u> make ourselves mad."

Rational Ralph - "But Rational Ruth, why would we deliberately make ourselves mad? That doesn't make sense." (Shaking head) "No sense at all."

Rational Ruth - "Well - we don't mean to do it - we just do! We do it by telling ourselves dumb stuff."

Rational Ralph - "But, how can we stop doing that? I don't like to be mad - it doesn't feel good to be mad."

Rational Ruth - "Yea, I know, sometimes I even get a headache or an upset stomach."

Rational Ralph - "Oh - please tell me how to learn not to get mad so often."

Rational Ruth - "Well, the first thing you have to do is to start thinking about those mad thoughts you have in your head. Sometimes I call it my dumb thinking."

Rational Ralph - "Mad thoughts? I don't understand."

Rational Ruth - "Oh yes - we all have made thoughts. You know when you think people are always picking on you, or another mad thought you have is when you tell yourself that teachers are always unfair."

Rational Ralph - "Hmmm - maybe I do understand. You mean when I tell myself that the teachers are always unfair - then I believe that fib and I get mad."

Rational Ruth - "That's right, that's right. You really do fib to yourself and then you believe your fib and get mad."

Rational Ralph - "You know, you're right again! I really do believe what I tell myself."

Rational Ruth - "Oh - I already know that. But I have to keep remembering to think about my thoughts and not fib to myself."

Rational Ralph - "Is that how you learn not to feel so mad so often."

Rational Ruth - "Oh yes. And it sure is nice not to waste my time feeling mad. I have lots more fun than I used to. People like to be around me. I get picked to play games, I get invited out and the teachers like me."

Rational Ralph - "Oh Rational Ruth, that's how I want to be. That sounds so good. Please tell me more about it? I really do want friends."

Rational Ruth - "Well, you have to practice!"

Rational Ralph - "Practice? What do I practice? I don't need to practice having mad thoughts. I do that real good now.

Rational Ruth - "That's right. You don't need to practice having mad thoughts. You have enough of those already."

Rational Ralph - "O.K. - I'm ready. Tell me what to practice."

Rational Ruth - "O.K. - after you think about your mad thoughts you can ask yourself if you are telling yourself a fib."

Rational Ralph - "Show me, show me!"

Rational Ruth - "Ask yourself if the teacher is always unfair."

Rational Ralph - "Well, (pause) after I think about it, I guess they really aren't unfair <u>all</u> the time."

Rational Ruth - "How about part of the time? Are your teachers unfair part of the time?"

Rational Ralph - "Well, maybe they are sometimes. But, you know, I guess we are all unfair part of the time. Sometimes we can be unfair to others and not mean to be."

Rational Ruth - "Oh yes - I know that. Like . . . remember that time you asked me to help you build your airplane?"

Rational Ralph - "Oh yes, that's the one I earned on my last contract down at the house."

Rational Ruth - "Well, remember - you forgot that you had asked me. And you asked the new boy in our class?"

Rational Ralph - "Oh yes, I remember that. But you didn't get mad at me."

Rational Ruth - "And you know why I didn't get mad at you?"

Rational Ralph - "Cause you didn't tell yourself mad thoughts about me???"

Rational Ruth - "Oh Rational Ralph, you are learning so fast. You are exactly right! I didn't think mad thoughts about you and I didn't get made either."

Rational Ralph - "And you know what else?"

Rational Ruth - "What?"

Rational Ralph - "And you didn't have to blame anyone about being made cause you weren't mad!"

Rational Ruth - "That's right! I didn't make myself made cause you forgot that you asked me first. I knew you probably forgot about asking me. Sometimes I do that."

Rational Ralph - "Oh Rational Ruth, this is going to be fun. I think I will like practicing not getting mad. I feel better already."

(Please note that this script is used early in the treatment process. The content does not address the issue of others being unfair. The focus is on how you tend to generate your crooked thinking when the unfairness does not exist. Later in the process we deal with the reality that the world is full of "unfair" people).

TEACHING THE ABC'S OF AN EMOTION

Rational Ruth - "Hi kids, my name is Rational Ruth. You will be seeing me and listening to my stories for the next few weeks. My best friend, Rational Ralph, will be helping me. (Looking around) Rational Ralph, Rational Ralph, where are you? . . . Now don't be shy. These boys and girls want to meet you!"

Rational Ralph - "Oh, hi boys and girls . . . I'm glad to be here, (pause) I think. I haven't been on TV very much so I'm a little bit shy . . . but Rational Ruth says I will get over it."

Rational Ruth - "Oh you will, you will. I promise you. I used to bet shy too, but I got used to being on TV. Hey . . . I want you to meet the Dolphins and the Wahoos. Not all of them are here . . . but the ones here are very special. There is Shannon, Truman, Danny, Christie, Tina, Daniel, David, Sheldon, Joyce, Grover, and last, but not least, Sammie."

Rational Ralph - "Wow! There is a whole room full of kids . . . I think I might be scared. Gee. . . I really hope they like us."

Rational Ruth - "Oh my Rational Ralph . . . you sound like Willie Wonder . . . my friend who just sits around and wonders about who will like him."

Willie Wonder - "(Interrupting) Hey - I think I heard someone mention my name. (To himself) I wonder if they were saying nice things about me? I wonder if the Dolphins and Wahoos group class is going to like me???"

Rational Ralph - "See kids! What did I tell you. That's Willie Wonder for you. He wonders so much that he just doesn't get much done. But you will get to know Willie Wonder much better later. He will do some puppet shows for you."

Really Ready - (Jumping up into view-hyper) "Hi kids - my name is Really Ready and you will see more of me too. Rational Ruth and Rational Ralph named me Really Ready cause I'm always ready to learn new things."

Rational Ruth - "Well gang . . . here we are together. This is the first time we've been able to teach the group class together! This is the first time we've had Wahoos and Dolphins together for a group class."

Rational Ralph - (All together) "That's right Rational Ruth!"
Willie Wonder - "This is special!!!"
Really Ready -

Rational Ruth - "That's right, that's right . . . This is a special group class."

Willie Wonder - "Hey - Rational Ruth - why don't we talk more about feelings today?"

Really Ready - (Together) "Yea, yea, let's do. We want to
Rational Ralph - talk more about feelings!"

Rational Ruth - "O.K., O.K., let's do. That is my favorite subject. I've got this new game that we can teach the kids."

Really Ready - "That's great! I like new games!!! I like new things."

Willie Wonder - "Oh my - I wonder if I'll do this right???"

Rational Ralph - "Oh come on you two - let's settle down and listen to the instructions . . . (looking at audience) and that goes for you too, kids. This is a game that Rational Ruth and I think will help you to learn about your feelings and where they come from."

Willie Wonder - "Oh yea? I've been wondering about my feelings and where they come from."

Really Ready - "Me too, me too! What are feelings and where do they come from?"

Rational Ralph - "Hey, slow down you two! You remember we talked about feelings in our last group class!! Remember?"

Really Ready - "Oh sure I remember! Kids gave examples of their feelings."

Willie Wonder - "Yea - I remember. I have feelings just like the kids do. Sometimes I feel happy and sometimes I feel said and . . ."

Really Ready - (Interrupting) "and sometimes I feel mad and sometimes I feel just irritable and . . ."

Rational Ruth - "But my friends . . . have you ever wondered why you feel different ways at different times?"

Willie Wonder - "Well, to tell you the truth I've wondered about that but I've been afraid to ask cause I didn't want to sound dumb!"

Rational Ruth - "Well today's game will help you to begin to understand where Feelings Come From. This game is called WFCF."

"Here, here, I've got some props - (Goes to get signs) (back with all four in month) (drops signs) Hey . . . Dr. Sepe - I need some help."

Dr. Sepe - "Hey - how can I help? Oh, I know - put signs up!" (Put stands up for signs).

Rational Ruth - "I'm going to play "Happening," (Dr. Sepe puts 'Happening" sign in front of Rational Ruth). "Dr. Sepe, Dr. Sepe, put the sign 'Thoughts' in front of Willie Wonder . . . that would be the perfect place. Willie Wonder could easily play the part of 'Thoughts' cause he is always thinking!"

Rational Ralph - "Hey, Dr. Sepe, put the sign 'Feeling' in front of me. I will be good at playing the part of feelings cause I'm always feeling something."

Rational Ruth - "Hey, you're right. So far, so good! I'm playing the part of 'Happening'."

Willie Wonder is playing the part of 'Thoughts' and Rational Ralph is playing the part of 'Feelings' (pausing) now what am I forgetting? Oh, I remember, Really Ready . . . you can play the part of 'Reaction'. You'd be good at that part cause you react a lot of times without doing much thinking!"

Really Ready - "Great, great! Dr. Sepe, Dr. Sepe - put my sign up - I'm going to play the part of 'Reaction'."

Rational Ruth - "Yea - you will be extra good at that cause you do react a lot without thinking! (Pause) now, is everybody ready? This station WFCF."

Rational Ralph - "Which means: Where Feelings Come From."

Rational Ruth - "Station WFCF is going to tell you where Feelings Come From . . . ready? (pause) I am a 'Happening'! A happening is . . . well, . . . today is happening! Today I am opening a new station for group class, and this station is called WFCF!"

Rational Ralph - "Which means "Where Feelings Come From."

Willie Wonder - "I am playing the part of 'Thoughts.' Well, I'm thinking that this is a lot of fun. I think I must be important to be included in the very first opening show. I know the group class will want to hear what I have to say . . . those are my thoughts."

Rational Ralph - "And I am 'Feeling.' I play the part of Feeling! And I can tell <u>you</u> for sure that <u>I</u> am feeling happy. I feel super happy and that feels good. I feel so good I think I might sing. . . (starts to sing)."

Really Ready - "Well, wait just a minute, Rational Ralph. I am playing 'Reaction.' So-o-o, if 'Thoughts' is saying such nice things to himself and 'Feeling' is feeling so good and happy - well - I'm going to sing. Singing is my reaction to my nice thoughts and good feelings!"

Dr. Sepe - "Whoa - whoa - slow down - station WFCF, you went too fast and I didn't understand. . ."

Rational Ruth - "Oh, O.K. Let's ask the kids. . ."

(Put videotape on hold. Leader and Co-leader give explanation and examples of Happening, Thoughts, Felling, Reaction. Use examples that the kids give you. Use blackboard, role playing, etc.)

(Start video)

Dr. Sepe - "Oh - now I see - if something is happening and my thoughts are good . . . I feel good."

Rational Ralph - "Yes, yes, exactly - if your 'happening' is a birthday party and . . . you are thinking things like: Wow, I like being here; it is so nice to get presents; it is so nice to get to eat ice cream and cake then. . . I feel good."

Willie Wonder - "That's right - you tell yourself good thoughts about the happening and you feel good."

Whole Gang - "That's right kids - Station WFCF Reports: You feel the way you think, you feel the way you think, you feel the way you think (fading)

Rational Ruth - "And kids - Station WFCF will be back tomorrow to tell you more about how you feel the way you think."

(Please note that this script does not present examples and discussion on 'Reaction.' The following script gives an indepth discussion of Happening, Thoughts, Feelings, Reaction).

TRANSPERSONAL COMMUNICATION SKILLS FOR RESIDENTIAL YOUTH CARE PRACTITIONERS IN THE GROUP CARE OF DEPENDENT NEGLECTED ADOLESCENTS

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TRANSPERSONAL COMMUNICATION SKILLS FOR RESIDENTIAL YOUTH CARE PRACTITIONERS IN THE GROUP CARE OF DEPENDENT NEGLECTED ADOLESCENTS

STATED WORKSHOP OBJECTIVES

1.) A brief introduction to the basic theories of Transpersonal Communication.

2.) Examination of the relationship between practitioner self-awareness and the group.

3.) Examination of coping mechanisms for dealing with the complex daily situations which arise in group care--the focus being how workers cope internally, as well as what they do in situations.

WORKSHOP PRECIS

The focus of the workshop was the practitioner's experience of on-line work with groups of dependent-neglected youth. A communication modality was introduced as helpful in interpreting and coping with the complexities of actual day-to-day child care experience. The study of transpersonal communication is an interdisciplinary examination of the on-going processes of group care. The transpersonal arena is a combined result of inner (intrapersonal) and social (interpersonal and group-dynamic) realities.

Role plays, narrative, and discussion were used to explore the premise that a worker's own self-awareness significantly determines the quality of group interactions. The specific process of "Loop Effect" was explored as one common example of this premise. In loop effect situations the worker sets into motion a snowball effect by blindness to personal moods or hidden inner agendas. These worker emotions and agendas are perceived and reacted to by the group. The worker in turn reacts to this group reaction and counter-reacts with greater intensity. This reciprocal effect continues to escalate (loop) until crises or positive intervention occur. Many things lead to the loop effect, with the primary contributing factors being self-presentation, communicator style, levels of message exchange, and nonverbal/paraverbal variables. Thse latter communication terms were elaborated as they apply to child care workers.

Transpersonal situations differ from interpersonal interactions. This was illustrated by using two role plays of a mealtime chore vignette. The first role play used just the worker and one youth. The second vignette was done with additional youth "feeding into" the interpersonal interaction,

totally altering its composition and emotional tone. The following elements characterise a transpersonal view of child care:

1.) In group care often everything seems to be happening at once (simultaneity).

2.) In addition, the number of happenings occuring at once is sometimes staggering (in a group of seven, at any given moment 966 lines of influence are occuring (Scott & Powers, 1978)).

3.) These first two elements produce an effect where the sum result of individual parts far exceeds the total of individual parts, called a synergistic effect.

4.) This synergism can lead to a decidedly stressful experience, often causing generalized (undifferentiated) anger for workers.

Certain communication and awareness processing techniques were explored as ways of coping with the transpersonal arena. The use of a "sequence approach" was introduced, wherein approaches used in communication research were applied to group care situations. These sequences were treated:

1.) Spontaneously recurring sequences (child centered).

2.) Deliberately constructed recurring sequences (CCW origin).

3.) "Snowballing" sequences:

   a. Negative loop effect

      (1) Child Care Worker induced

      (2) Other Staff induced

      (3) Combination of other staff and child induced

   b. Angry CCW sequence (CCW origin only).

   c. Angry youth sequence.

   d. Physical involvement sequence

4.) Facility webs and sequences

5.) Occasional information overload for CCW

6.) Tunnel vision/cottage vision/microcosm mentality sequence

7.) Long term sequences

Coping through enhanced self-awareness and communications is divided functionally into on-job and off-job categories. These coping avenues were therefore presented: Coping is a highly personal experience. Workers can, however, increase their coping ability through many personal choices and subjective mental pacing exercises. Some primary alternatives were given:

1.) Seek affinity to Agency.

2.) Seek affinity to type/age/group youngster (very subjective).

3.) Mentally trying to identify/separate elements of transpersonal arena "midstream".

4.) Internal Coping Mechanisms (on-job):

a. Occasional objectifying (not constantly analytical)

b. Improvement of self-awareness, self-disclosure, and self-presentation (done through peer feedback and validation, supervisor validation, introspective interpretation of the subliminal meaning of youths' response to the worker; reading, courses, etc.)

c. Analyze own communicator style

d. Acceptance on all levels that real change in youth is a complex and long-term process

e. Seek identification of transaction processes

f. Acceptance of own generalized anger when present, find a healthy vent for it; verbalize appropriately; tear it apart--"Am I mad because after all I've done for Johnny, he ran away, how could he do that to me?"

5.) Coping Enhancers (off-job):

a. Develop personalized repertoire of "relaxers"

b. Use of an intensive journal

c. Non-facility involvement/activities

d. Non-facility relationships

e. Meditation (any variation on that theme)

f. Anger dissipating mechanisms (used at the end of the day) using all, any, or some of the above in combination

CLOSURE

Self-awareness and communication are intimately linked. We communicate to the extent we perceive ourselves and all around us. This totality is termed the arena of the transpersonal. These materials are provided as a necessary complement to child care workers' personal and professional development. The youth we work with have an advanced ability to see through our defenses, past our own perceptions of how we appear, to what we are in our naked existential humanity. Comfortability with that fact is important. We need to work hard at expanding our awareness as total persons, for it is the total person of our Selves which is the ultimate treatment tool, and to be effective any instrument must be often honed. Therefore, as child care workers moved toward professionalism, we must also remember that all learned techniques and knowledge rest on the base of how we as humans present ourselves to the youth. Techniques and skills from a less-than-authentic person become less-than-authentic themselves, and at worst useless.

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(A complete social communication bibliography is not included here. Key, and Scott and Powers are the most thorough, with the latter's bibliography topically presented and abstracted. For Child Care Literature, Adler's bibliography is excellent. The works of Fritz Redl are also highly recommended.)

TEACHING SELF-REALIZATION TECHNIQUES

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TEACHING SELF-REALIZATION TECHNIQUES

CONTENT

This is an experiential workshop involving the participants in exercises designed to increase self-awareness. The goal is to develop greater sensitivity in the areas of trust; non-verbal communication; planning and decision making; assertiveness versus aggression; and will teach a technique for stress reduction and self-awareness involving the bio-feedback system.

In order to do an effective professional job, it is urgently necessary that child care workers become fully aware of their own feelings and the methods they use to cope. Frequently, child care workers feel impotent to change what they feel are unsatisfactory policies and working conditions, and fall into the trap of regarding themselves as powerless. This inevitably leads to martyrdom, which is a cop-out that professional child care workers must drop in the 1980's. We have to grow up, which is, as everyone knows, a rather painful process!

The first step in Self-Realization is to recognize that in fact, we have all the power we need. We always have had it but we have not always developed the sensitivity or the skills to use it appropriately.

The second step is to recognize that the target is YOU. You must know everything there is to know about your hangups; your options; your skills or lack of them; stop blaming yourself. Just start to work on increased self-awareness. You will be surprised how many things start to happen, both internally and externally, when you finally begin to be fair to yourself.

The third step is to get rid of your GUILT. Saying "I don't have time" is a cop-out. We all have twenty-four hours a day. You have responsibility to put yourself and your needs first for party of each and every day. This takes self-discipline, and only practice makes perfect. But, start now. You have the right and the responsibility to take time out for yourself. We willingly give the kids time out to get their heads together. You can be a more effective worker, more able to help, if you do the same thing for yourself.

Prelude:

A. Neck Massage Relaxation
B. Creative Thinking Exercise

Exercise I

The Blind Walk

We tell kids to trust us. See what kind of feelings you have as we ask you now to trust your safety and welfare to a stranger in this workshop. (Participants take partners), One is "blind," the other the guide. They walk anywhere for three minutes. Leader then calls "time." The partners change roles. At the end of this session feedback is given, and related to work with children. All feelings are accepted; as are judgments on who was a good guide, and why. Expecting children to move too fast in trusting us is the focus.

Exercise II

One Step At A Time

All participants are told they can take a walk of twenty steps. They cannot talk. They can communicate in any way they choose. They can move in any direction. They must take a look around to see where they are. The leader controls the timing by saying "take another step." At the fifteenth step, participants are to decide where they want to end up in the room on the 20th step.

This exercise is run twice. At the end of each session, feedback is given. Did many people reach their destination? How well did the participants read non-verbal communication? Did anyone get touched who did not want to be touched? What did you do if someone was in your way? Did you stay on the outside? Were you more comfortable there? How did you feel in the middle of the crush? How realistically did you plan your goal? Again, all feelings and comments are accepted and related to work with children. How well, and how consciously, do we use our work environments?

Exercise III

Relaxing Exercise

Leader - "Self-awareness means listening to our bodies as well as our minds. This exercise takes twenty minutes: It is recommended that you do it twice a day, at any hour convenient to you and your life style. It is clear from the research of Mattingly and others, that burnout and stress rates in child care are too high. This is something you can do for yourself. As with all the material in this workshop, if you find it meaningful to you, benefit from, and share it." This is your time for YOU. Participants are given a demonstration of the exercise, which is a twenty minute meditation setting in a hard chair. They are told to choose any image, place, name, face, that causes them to feel peaceful. They will try to keep that in their minds. They can take their chair to any location. They are asked to sit in the chair, becoming aware that their feet are on the ground; buttocks on seat, back on back, and often touching their hands to their heads, sit

back and consciously try to relax muscles, joints, throughout the whole body, letting tension flow from fingertips and toes. They are reassured that they will (a) not go to sleep and fall off the chair; (b) the loud sound they hear is their heart: they should not worry. It is always working, usually they are not listening.

The participants are told that they should close their eyes, take one or two deep breaths, and go on an inner journey anywhere they wish. In twenty minutes the leader will quietly say the time is up. The should come back from the trip as slowly and comfortably as they wish. They should open their eyes when they wish to signify that they are back.

They will hear noises of life going on around them. These can be incorporated or ignored where possible. This is an exercise which is done anywhere one has a chair, any time one needs to do it. Child care workers cannot all go to mountain tops in India. We must help ourselves where and when we can.

Feedback is given by participants who wish to share their experience with others.

Exercise IV

The Troubling Task

This exercise is designed to help the participants improve their verbal communication skills and realize their full potential assets in any area which may previously have presented difficulty. Typical situations which create tension may be: firing someone; confronting a colleague about repeated late arrival; reporting someone for abusive behavior or drinking on the job. Giving a final warning about work performance improvement: Asking for a raise. The goal is to help the participant use assertive instead of non-assertive or aggressive methods. The definitions are distributed to the participants who are asked to write a brief statement on the bottom of the form, noting personal choice, relating to their own need. (See pages

The group is then split into teams of 3 persons. They proceed as follows: rotating numbers until all problems have been practiced.

A. #1 describes situation briefly.

B. #1 faces #2 and presents his/her assertive statement. #3 observes. #2 does not respond.

C. #2 tells #1 what he liked about #1's statement. #3 does the same. #1 listens to this positive feedback. He then identifies how he felt and what he might do to improve it. He self-corrects.

D. Now, #2 and #3 give #1 Improvement Suggestions.

E. #1 now faces #3 (with #2 observing) and presents his modified statements. This gives him the opportunity to practice and feel more comfortable, using the improvement suggestions.

F. #3 Hassles #1 (using guilt, fear, anger, etc.!) #1 responds to Hassle.

G. Repeat the feedback sequence: #2 and #3 tell #1 what they liked about his statement, manner, etc. #1 tells how he felt and how he might improve it.

H. #2 and #3 make Improvement Suggestions: By now, #1 has practiced responding to both passive and aggressive replies. He now becomes #2, while #3 tackles his "troubling task" in the same manner. In the next and final sequence, #2 becomes #3. All members of the team will now have presented their problems, done self-analysis, received both positive support and improvement suggestions, and the exercise is over.

ADDENDUM #1 TO EXERCISE #4

DEFINITIONS

Aggressive: Communicating in manner that expresses one's needs, but which tends to put the other persons down.

Assertive: Communicating in a manner that expresses one's own needs while maintaining the self-esteem of the other person.

Non-Assertive: Communicating in a way that one's own needs tend to be inadequately or not fully expressed.

Troubling Task

Problem: I find it hard to _____

_____

_____

_____

_____

_____

Goal: I am practicing _____

_____

_____

_____

_____

_____

(Please complete and take to your group)

ADDENDUM #2 TO EXERCISE #4

Please check the letter in each category you think most accurately describes your participation in the discussion.

1.) (a) I said absolutely everything I wanted to say.

(b) I said most of the things I wanted to say.

(c) I said some of the things I wanted to say.

(d) I said none of the things I wanted to say.

2.) (a) I think the others in the group listened to everything I said.

(b) I think the others in the group listened to most of the things I said.

(c) I think the others in the group listened to some of the things I said.

(d) I think the others in the group did not listen to any of the things I said.

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CREATIVE DRAMA FOR SHY AND 'NOT-SO-SHY' CHILD CARE WORKERS

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CREATIVE DRAMA FOR SHY AND 'NOT-SO-SHY' CHILD CARE WORKERS

The purpose of this workshop was to do a variety of creative dramatic exercises and then explore how such experiences can be utilized by child care workers in their daily work with children. The workshop's oreintation was a developmental one based on the works of Brian Way and Viola Spolin (see bibliography). The basic premise of this approach centers around the idea that developmental dramatic activities provide for opportunities for developing competency in those skills related to a child's mastery of his personal self and his social environment. More specifica-ly, this orientation involves the perception of creative dramatic activities as not just opportunities for fun and the release and expression of creative energies; but also, as opportunities for developing personal and social skills in body and self-awareness, concentration and attention, imagination and creative expression, and problem-solving and decision making.

In addition, developmental drama can be seen as a progression of activities following a formative path similar to paths or stages which are frequently conceptualized in therapeutic approaches to problem resolution and/or behavior change. Awareness is the initial prerequisite stage, which upon mastery, helps facilitate the development of concentration skills. Mastery of concentration and control leads to the next stage, which involves the exercise, utilization, and appreciation of imagination and creativity. In this stage, personal style and situational alternatives are explored; eventually leading to a final synthesis stage, that which integrates previously developed skills into a creative, expressive, and individualized whole. In this last stage, one can integrate these skills into creative and productive problem solving and decision making. In drama this last stage involves role playing and improvisation activities that provide the opportunities for one to create, utilize, and test out their own unique style of response and resolution to a multitude of social situations.

The exercises in this workshop were structured in respect to this formative progression. The workshop participants performed exercises in awareness, concentration, imagination and improvisation. The sources of these exercises can be found in the bibliography that follows.

The workshop also contained an experiential dimension in which the experiences of the workshop participants were related to their daily interactions with their clients. In this regard, the workshop contained a strong emphasis on non-verbal communication and how it can be more imaginatively and positively used in behavior management and individual therapeutic encounters. These exercises involved participants performing, communicating,

and experiencing touch, gesture, body posture, eye-contact, facial mannerisms, sounds, and body movement. These exercises not only allowed for participants to experience and enjoy different modalities of communication and expression, but also helped to heighten awareness of how people can say so much to one another by using their bodies and their joyful spirits.

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RACE AND IDENTITY IN CHILD CARE WORK

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RACE AND IDENTITY IN CHILD CARE WORK

Child care workers often view their job as helping children to adjust to the dominant or mainstream American society. However, assumptions regarding normality are usually based upon a white, middle class model. The non-mainstream child is consequently forced to fit this model to be considered normal or well adjusted. This process not only creates cross-cultural conflict but demands that the child give up his or her cultural identity.

This workshop questioned assumptions regarding normality, adjustment and the role of identity in child care institutions. Is the residential center a "melting pot" or a "cultural cookie cutter" with a white, middle class mold? Can race and ethnic identity be used to abet the healthy growth of the child? Does the non-mainstream child go through culture shock when he enters the institution and is this recognized as a reaction to the environment or treated as pathological behavior which the child brings to the institution? When the non-mainstream child re-enters his own culture, does he go through reverse culture shock? These and many other questions were discussed and debated in the context of cross-cultural communication theory and child care work. Members of the workshop shared numerous problems and examples of cross-cultural conflict and communication in their institutions and case histories of non-mainstream children were examined as illustrations.

To focus the discussion, barriers to cross-cultural understanding and communication were considered through a series of sequentially developed propositions. The following propositions were submitted to the workshop:

1.) It is almost impossible to objectively describe behavior of people from other cultures. Each culture "programs" people to percieve the world in specific ways and, more importantly, to evaluate behavior in specific ways. The behavior of people from other cultures is consequently subjectively perceived through the lens of our own specific culture and described in subjective terms. If we can't objectively describe the behaviors of others, how can we begin to understand that behavior?

2.) That behavior which is different is often given the negative value of being "bad," "inappropriate," or "inferior." This is especially true if the cultural difference is great and is the root dynamic of prejudice ("being down on those you are not up on"). This interferes with understanding that behavior and the negative value judgment is often communicated implicitly to others. In turn, ths may cause those from other cultures to behave or perceive themselves negatively creating a self-fulfilling prophesy.

3.) This process is unconscious because it is part of our internal culture. Each of us has implicitly acquired a set of values which not only

dictates what is valuable, but also how to evaluate what we perceive. Culture is like an iceberg with the greatest part being underwater or below the level of conscious awareness. This "internal culture" acts as a filter or lens through which we view the world. Furthermore, it causes us to attribute certain values to the behaviors of others.

4.) The key to cross-cultural understanding is learning the value structure of the otherperson rather than simply observing behavior. Beliefs and behaviors are determined by the internal culture or value structure inside a person. Most of us are totally unaware of our own value structure and one of the personal benefits of cross-cultural interaction is that in the process of the interaction we usually become conscious of our own values, beliefs and behaviors. Perhaps more importantly, becoming aware of another person's values gives us a deeper understanding of his or her beliefs and behaviors. Without this awareness, it is almost impossible to explain and understand the other person's actions.

5.) Liberalism and racism are equally oppressive to the non-mainstream person. While liberalism and racism are usually viewed as opposites, their effect is very similar--both can lead to prejudicial actions. Only their basic assumptions differ. The racist views others as different and inferior while the liberal views everyone as equal or the same. While the liberal position appears very humanistic, it is biologically, sociologically, and culturally a fallacy. Moreover, it often denies people the right to be different and contains within it an unspoken assumption that the only reason people are different is because they have not had "an equal opportunity." The "realistic humanist" views others as different without attributing inferiority or superiority to the difference. Equality does not mean sameness but rather an equal opportunity to achieve and retain ones own cultural differences.

6.) Normality is culturally defined by the dominant or mainstream culture. In America, normality is being white-like or mainstream in terms of behaviors, beliefs and values. Those who do not fit this norm are often considered as pathologically or underdeveloped whites. They are simply deficient in some manner. Given an equal opportunity, they would not be abnormal. Of course, this deficit hypothesis ignores the fact that there are non-mainstream cultures which are "normal" albeit different than the dominant mainstream culture.

7.) To enter the mainstream, one must give up cultural traits which makes him identifiably different. Traditionally, one enters the class system or assimilates when he fits the white cookie cutter mold. Certainly the "melting pot" has never existed nor has true pluralism been possible. Instead, people had to fit into the white, Anglo-Saxon, Protestant, male cookie-cutter mold by giving up cultural traits which were not acceptable to the dominant culture. Regardless of the amount of acculturation of non-mainstream people, the power to assimilate rests in the hands of the dominant culture. For those who are physically different, it is impossible to fit the mold. Thus, they have been treated as castes within the class system.

8.) Non-mainstream people refuse to pay this entrance fee because it is impossible and unnecessary. Since the 1965 "black power" movement, non-mainstream people have asserted their right to be different--to maintain their own cultural identity and still be treated fairly within the overall society. Every "identity movement" since then has taken the same position. This, in turn, has helped create a true pluralistic society.

9.) Child care institutions often deny non-mainstream cultural identity and shape the child to fit the mainstream mold. Not only do child care institutions often share the mainstream definition of normality, the child care worker often perceives his job as observing and controlling behavior. If the worker is non-mainstream, there is a tendency to perceive behavior through a mainstream cultural lens and behavior is shaped to the mainstream norm. This is usually an unconscious process. The effect is to deny the non-mainstream child the right to be different behaviorally and to ignore the internal culture of the child. That is, what the child does is more important than who a child is.

10.) In a crisis situation, the child care worker is most likely to resort to "rule-of-thumb" thought and get caught up into a "conflict cycle." When empathy and action is most important, the worker must judge a situation quickly and usually ends up evaluating matters in terms of his cultural background without considering the cultural background of the child. Moreover, the worker often reacts to the child's behavior and the child, in turn, reacts to the worker's reactions creating a conflict cycle which cannot be broken until rule-of-thumb thinking ceases, cultural empathy occures, and the child care worker acts rather than reacting.

11.) The non-mainstream child experiences culture shock when he enters the institution. When the non-mainstream child enters an institution, he literally enters a foreign culture and consequently experiences culture shock. His reactions to the stress of cross-cultural adaption are usually misunderstood because the average child care worker is unaware of the dynamics and symptoms of culture shock. Rather than easing the stress on the child, the staff often reacts to the symptoms of culture shock and create more stress for the child. Furthermore, the real crux of culture shock is the clash of internal cultures and values, a process which is totally unconscious for both the child care worker and the child.

12.) The non-mainstream child experiences a breakdown of communication, loss of cues, and an identity crisis when he enters an institution. The non-mainstream child often feels hopeless and helpless and doesn't understand his own complicated feelings and actions which are a result of being unable to communicate, being placed in an environment where his usual cultural cues or reinforcers are absent, and he is uncertain of his own identity. He often reacts by distorting reality, aggression, and withdrawal. When the child care worker misunderstands the process, he easily ends up reacting to the child's behavior and creates even more stress for the child. Through understanding the causes of the child's behavior, the child care worker can develop strategies to overcome the barriers to and breakdown of communication. He can

modify and transfer cues until the child responds to new cues and assists the child in developing a healthy identity which encompasses the institutional and non-mainstream cultural worlds.

13.) When the non-mainstream child leaves the institution, he is likely to experience reverse culture shock. To emotionally survive in the institution, the non-mainstream child internalizes the values of the mainstream culture and adjusts his behavior to the norm of the dominant society. When he returns to his own non-mainstream culture, he encounters re-entry/transition stress which is often more severe than the stress of entering the institution. This may account for the high recidivism rate of the non-mainstream child. Provision should be made to prepare the child for this stress before he leaves the institution. Its severity may be minimized by simply helping the child anticipate the difficulties and process of reverse culture shock. Moreover, coping strategies can be developed from the experiences the child has gone through in the institution.

14.) The burden of adjustment should be placed on the institution and staff, not the child. The non-mainstream child is forced to learn the mainstream culture, to learn another code, and to adjust to a foreign environment. If the institution is to be therapeutically helpful to this child, the burden should rest on the staff to learn the non-mainstream culture, to at least decode more effectively the communication from the child, and modify the environment so that it is not entirely "foreign" to the child. Rather than reacting to the child's behavior, the child care worker should be able to act in such a way that additional stress is not forced on the child. Cross-cultural understanding should begin with the staff, not the child. And, staff should be more concerened about the internal culture of the child--who the child is--rather than reacting and trying to control what the child does.

Cross-cultural child care work requires an understanding of ones own culture, the process of cross-cultural adaptation, the dynamics of cross-cultureal communication, and the significance and importance of who the child is, rather than what the child does. If one is to be helpful to the non-mainstream child, an empathy with the internal culture of the child is essential. This cannot be accomplished without a questioning of the basic assumptions of normality and a recognition of the value of identity in the growth and development of the child.

A SYSTEMATIC APPROACH TO EFFECTIVE HELPING

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A SYSTEMATIC APPROACH TO EFFECTIVE HELPING

Although the structure of this workshop is designed primarily through the use of experiential activities, the foundation is derived from the work of Robert Carkhuff, William Anthony, and Gerard Egan. This model of helping consists of four basic stages: involvement, exploration, understanding, and action (Carkhuff and Anthony, 1979). Specific behaviors on the part of the helper, such as attending, active listening, primary and advanced accurate empathy, respect, genuineness, and concreteness are among some of the skills necessary for facilitating the progression of the aforementioned stages. Carkhuff and Anthony (1979) and Egan (1975) outline each stage according to desired helper skills and helpee responses.

The format of this workshop included a general discussion of the helper/helpee model described above as well as specific activities to develop listening and responding skills.

Exercise I

A Get Acquainted Exercise

The purpose of this exercise was to allow group members to become acquainted with each other in order to promote further interaction.

Exercise II

Non-Verbal Communication Exercise

Using role-playing techniques, this exercise will demonstrate listening skills related to non-verbal forms of communication such as eye contact, body position, and gestures.

Exercise III

Not Listening Exercise

The purpose of this exercise is to demonstrate the effects of not being heard or attended to.

Exercise IV

Listening for Content Exercise

This exercise will aide participants in the development of listening skills for content in conservation.

Exercise V

Listening for Feeling Exercise

The purpose of this exercise will aide participants in the development of identifying feelings and responding to convey an understanding to other persons regarding accurate identification of feeling.

Exercise VI

Combining Skills for Listening for Content and Feelings

To enable participants to acquire the ability to listen for content and feeling and the ability to relate this understanding to the other person.

Exercise VII

Role Play

Using the technique of role play, the participants will observe the interaction between a child care worker and client. The participants will critique the child care worker's ability to attend, listen actively, identify feelings and content, and reflect this understanding to the client.

Listening and helping takes effort but the skills can be developed. The acquisition of these skills will enable the child care worker to facilitate the helping process systematically in the day to day interaction with children.

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THE GOALS OF MISBEHAVIOR: WHY KIDS DO WHAT THEY DO

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THE GOALS OF MISBEHAVIOR: WHY KIDS DO WHAT THEY DO

The content of this paper and workshop is based on the work of Rudolf Dreikurs. The foundation of this theory is based on five basic beliefs. These premises are that man is a social being and has a need to belong, that all behavior is purposive, that man is a decision-making organism, that man is only understood when viewed in his entirety, and that man sees reality through his perceptual field which may be mistaken or biased (Dreikurs and Cassel, 1972).

The practical application of these principles is aided according to Dreikurs (1972), when presented in a democratic as opposed to an autocratic environment. To the degree that we as child care workers can create a democratic atmosphere in our units, group homes, or day treatment centers, is the degree to which we can apply interventions to a child's misbehavior.

All behavior is purposeful in that there is an attempt to reach a goal for the child. When the child perceives an action by others that is mistaken, he develops a faulty belief (Dinkmeyer and McKay, 1976). The child then chooses a course of action based upon this faulty belief and his past life experiences. The four goals of misbehavior are attention, power, revenge, and display of inadequacy. For each goal there is a faulty belief, a typical adult reaction, and finally, a better alternative adult response. Each goal of misbehavior is discussed below:

Attention - The faulty belief is: I belong only when I am served or attended to (I am unlovable). The typical adult reaction is that the adult feels annoyed and pleads or coaxes the child to cease the misbehavior. The child's typical response to the adult's pleas for cooperation is a temporary termination of undesirable behavior. A better response for the adult would be to ignore the attention-getting behavior as much as possible. Give attention to positive behavior when the child is not soliciting attention. Also, avoid undue service to the child (Dinkmeyer and McKay, 1976).

Power - The faulty belief is: I belong when I'm boss. This faulty belief comes from seeing authoritarian parents. The typical adult reaction is to feel angry and threatened that results in either fighting with the child or giving in to the child. The child's typical reaction is either active or passive aggression or defiant compliance. An alternative response for the adult would be to actually remove themself from the conflict. Then give the child choices for constructive action and appeal for the child's cooperation and help. Try to avoid power struggles (Dinkmeyer and McKay, 1976).

Revenge - The faulty belief is: I belong only by hurting others. Adults typically react by feeling hurt and tend to retaliate against the child. Reacting to the adult's typical response, the child perpetuates revengeful behavior in an escalated manner. A better adult response would be to ignore personal hurt feelings and show the child more love. Adults should try to ignore revengeful behavior and wait for a moment to give affection or caring responses to the child. If the adult feels that an explanation to the child regarding the adult's hurt feelings is necessary, then do it objectively: don't punish the child or create unnecessary guilt in the child (Dinkmeyer and McKay, 1976).

Display of Inadequacy - The faulty belief is: I belong only if I'm hopeless, helpless, and unable to do anything. The typical adult reaction is to feel despair and hopelessness. The child's response to this adult reaction is a passive response or failure to do anything; no improvement in behavior. A better adult response is to stop all criticism and encourage any demonstration of positive behavior. Allow the child to make attempts to do things and focus on the child's assets (Dinkmeyer and McKay, 1976).

Dreikurs and Cassel (1972) suggest the following steps for adults to use when utilizing this model. These steps include a careful observation of the child's behavior, an assessment of adult's reaction to the child's misbehavior, constructive confrontation of child regarding the possible goal of the misbehavior, the adult's awareness of the child's response to the confrontation, and the application of a corrective response by the adult.

Encouragement rather than discouragement or punishment is advocated by Dreikurs and his colleagues. The essence of encouragement is to increase the child's self-confidence and to convey to him acceptance as a human. Dinkmeyer and McKay (1973) list four methods of encouragement:

1.) "Value and accept the child as he is."

2.) "Use of words that build the child's self-esteem and feeling of adequacy."

3.) "Show faith in the child so he can believe in himself."

4.) "Plan for experiences that are guaranteed to give success."

Dreikurs and Dinkmeyer also note the importance of consequences and responsibility for behavior. Dreikurs advocates teaching children to make choices and to accept the responsibility of their choice by accepting whatever consequences result. Consequences express the power of the social order as opposed to rewards or punishments that express the power of an individual authority (Dinkmeyer and McKay, 1973). Dreikurs and Dinkmeyer differentiate between natural and logical consequences (Dreikurs and Cassel, 1972; Dinkmeyer and McKay, 1973; Dinkmeyer and McKay, 1976). Natural consequences occur as a result of a disruption in the natural order. For example, a person will probably catch a cold if she goes out in a rainstorm

without a coat or umbrella. A logical consequence is one that is arranged if no natural consequence exists or if the natural consequence is harmful (Dinkmeyer and McKay, 1973). If a child loses his friend's basketball, a logical consequence would be having the child replace the basketball from his allowance. Dinkmeyer and McKay (1973) remind adults that to be effective, "Consequences must be impersonal, involve no moral judgment, and be applied in a friendly manner. They (consequences) should deal with what is happening now, and not with past transgressions, and they must offer the child a choice of alternative actions as well as a chance to try again."

Dreikurs, Gould, and Corsini (1974) provided suggestions for conflict resolution. These suggestions include identifying the nature of the conflict, extricate yourself from the conflict (only you can freely change your behavior and thus change the situation), let everyone in the conflict participate in the decision-making process for resolution. Dreikurs and Cassel (1972) note several things to remember during the conflict: (a) respect the other person; (b) don't fight but don't give in; (c) pinpoint the issue; and (d) change the agreement.

One final method used to enhance child/adult relationships is the Family Council or Group Discussion. These weekly meetings serve to teach everyone listening skills, to help children understand themselves and others and to stimulate children to helping each other (Dreikurs and Cassel, 1972). Things that can be covered in family council meetings include discussions of the good things that happened over the past week, ways to improve the upcoming week, personal problems, responsibilities, and future plans (Dreikurs and Cassel, 1972).

It should be noted that much of Dreikur's work dealt with children who lived with their natural parents. As a child care worker, with administrative, community and liability concerns (among others), the applicability of these techniques and interventions must be used with professional judgment. Although it may not be advisable to use the entire program in one's particular setting, the child care worker may choose parts of the model as they relate to the client and situation.

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GRANTSMANSHIP STRATEGIES AND PROPOSAL WRITING

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GRANTSMANSHIP STRATEGIES AND PROPOSAL WRITING

This workshop focused on the strategies and methods for securing external funds for programs through preparing grant proposals. The importance of fund-raising skills in relationship to providing optimal services for children was stressed; without funding, clinical service programs, of course, cannot exist.

The first part of the workshop described pre-proposal strategies; the second, specific aspects of proposal preparation and submission. The following discussion summarizes some of the major points made.

Pre-Proposal Strategies

The process of preparing a proposal usually begins with the fund-seeker's idea, which he will be adapting to the particular interests of potential funding sources; or with the seeker's becoming aware that funds are available for certain kinds of projects and deciding that they might be of interest to him. In any event, it is essential that the fund seeker learn what areas and projects are being funded. This can be done by such means as reading foundation annual reports, by reviewing announcements by federal agencies which are found in such publications as the Federal Register and Commerce Business Daily, and in general keeping alert for informal, but useful information regarding funding trends and sources.

Major funding sources are private foundations and federal agencies. It was pointed out that there is a growing trend in federal agencies towards the "RFP" - Request for Proposal, in which they wish to contract for a specific piece of work to be done. This is difference from the "grants" process, in which applicants propose their own concept for a project within broader guidelines and limits set by the funding source.

Once possible sources are identified, then the scope and content of the project should be related to the particular missions and interests of those sources. Skilled fund raisers are sometimes able to have various discrete prongs of a complex project funded by different sources. When the concept for which funding is being sought has been developed to the point that the applicant can describe it and its funding requirements clearly, he should make contact with the potential funding source.

It is considered appropriate and helpful practice for the applicant to develope a proposal in consultation with the funding source rather than doing so independently. Applicants should remember, too, to seek advice and guidance in areas where they are uncertain, such as evaluation. There are experts in these areas available who are often willing to be helpful.

Before actually preparing the proposal, the applicant should seek administrative approval from his own institution. Not only will this prevent conflict of the proposal with other fund-raising efforts that the agency might be initiating, but also it may result in the offering of administrative support in the design of the project and the proposal preparation. This is also a time for the applicant to carefully consider his own resources in terms of time and commitments to actually be able to conduct the project he has in mind, should funding be awarded.

Because the time between receipt of funding availability and proposal deadlines is often short, it is helpful for prospective applicants to continually have on hand the kind of material which is often requested in proposals: current resumes, descriptions of agency programs etc., so that this does not have to be prepared 'from scratch.'

Proposal Preparation

Perhaps the major caveat in actual proposal preparation is to follow the guidelines supplied by the funding source to the letter, including time deadlines. A casual, folksy approach does not lead to funded projects. For example, if the guidelines indicate that 6 copies on 20 weight bond paper stapled only at the upper left hand corner, delivered by December 1 are required, then this should be carefully complied with. Improperly prepared proposals from the structural point of view, or late proposals, may be discarded no matter how outstanding the project they describe is.

Particular attention should be given to the proposal 'face page.' In the narrative program description of a proposal, the program objectives should be stated clearly and concisely. They should relate the impact and the results to be achieved by the project, rather than to naming the activities to be conducted. This comprises the program description and should reflect the objectives. Factual data of various kinds rather than vague generalizations, strengthen the rationale for a project.

Staff proposed to conduct a project should, of course, present suitable qualifications. The project director, particularly, should present strong and relevant education and experience. Sufficient staff should be proposed to actually do the work of the project. Numerous staff playing a minimal part-time role suggest to the funding agency that nobody is highly committed to the project. Sometimes grant writers feel that inclusion of a 'big name' in a proposal will increase its funding chances. Unless the person has a demonstrable role, this is probably not the case.

The budget is a core aspect of any proposal. Writers should make sure that they request sufficient funds to conduct the project; it is difficult to achieve the objectives that the funding source is expecting to be achieved if the funds are insufficient. Most grantsmahship experts feel that budgets should not be 'padded' with expenses on the assumption that the funding source automatically reduces the funding requested, no matter what its level. Budget guidelines should be examined carefully so that only

'allowable' items are requested. Descending budgets (requiring a decreasing level of funding each budget period); cost-sharing budgets (showing what the writer will contribute to the proposed project), and budgets that indicate the writer's intent to assume the entire expense of the project - if it is an ongoing one at the termination of the funding - are viewed favorably.

A crucial aspect of any proposal is the evaluation component. This is the preparer's statement of the means to be utilized to assess the degree to which the project achieves its stated objectives. Many otherwise sound proposals have been rejected due to weak evaluation components, which are, for obvious reasons, of particular importance to the funder. If the writer feels insufficient knowledge of evaluation methodology, he/she should seek expert consultation. Evaluation activities which are not related to the objectives, or which comprise such activities as only having an outside 'expert' make a quick visit to the project, are not likely to strengthen the proposal. The evaluation should be a comprehensive assessment of the outcomes and impact of the project.

Since the funding sources want the results of supported projects to be widely known and hopefully applied, preparers should give careful throught to the dissemination of their project. Conferences, journal articles, workshops, reports, etc. are all means of informing the professional public about a project and its achievements. If the events are to occur during the funded life of the project, writers should be careful to request sufficient money to support the dissemination activities.

"GRANTSMANSHIP" AND PROPOSAL PREPARATION

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CONJOINT PLAY THERAPY:
METHODOLOGY FOR THE CHILD CARE WORKER

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CONJOINT PLAY THERAPY: METHODOLOGY FOR THE CHILD CARE WORKER

Conjoint play therapy is a therapeutic technique which utilizes goal oriented play sessions in which the parent(s), the child(ren), and the therapist jointly participate. This has been designed to be a short term conjunctive technique, not a therapeutic entity in and of itself.

The idea for combining parents and children together in play situations was developed during time spent in a five-day a week residential treatment center. Staff was often frustrated with parents who failed to follow through on suggestions made concerning new child management techniques. When parents failed to adopt these ideas staff members would often refer to them as being unmotivated and/or uncaring. Based on the assumption that some of these parents should be provided with an opportunity to "learn-by-doing," the presenter began bringing together a parent and her child in a pre-planned play situation. Parents, who had exhibited an "unwillingness to cooperate" suddenly began demonstrating significant attempts at change on various levels.

Philosophies underlying the continued development and use of this method as part of a treatment plan are as follows:

1.) Play, as stated by Amster (1943), can be used to establish a working relationship and can be used to develop a child's play interest which he can carry over into his daily life. (The conjoint play technique expands this statement to include adults.)

2.) Play is an extremely effective mode of communication between children and adults.

3.) Play encompasses many forms from peek-a-boo with infants to games with adolescents.

4.) Parents may not be uncaring, but merely unknowing.

5.) Conjoint Play Therapy facilitates learning in a more active, less didactic, manner thus fulfilling a basic tent of androgogy.

Regarding the implementation of this technique one is advised to take full advantage of its flexibility. It can be used at any point during treatment and is often utilized concurrently with, for example, private sessions with individuals in the family or marital counselling. In addition to being a practical approach it is extremely useful in a rather short period of time.

A contract is made for 8-10 sessions. As many dynamics and patterns of interactions are not as observeable in other counselling situations, certain modifications in the contract are sometimes needed. If one desires the sessions to continue past the recommended ten session period this is acceptable. However, goals (a contract) should be established where upon progress can be made within an 8-10 week period. At the end of this cycle, a new or modified contract may be written for another cycle of sessions. This short term approach removes parents from ongoing feelings of failure by helping them to see progress and allowing them to experience some measure of success. It also models an approach wherein change takes place in small successive steps over a period of time. Guidelines for choosing the activities, toys, equipment and the physical setting have been adapted from the fields of play therapy, child care and occupational therapy.

As previously stated a closer examination of parents "unwillingness" or "refusals" often discloses a lack of information, a general absence of appropriate role models and a genuine feeling of, "I don't know how" or "I am scared to try." Although play is intensely meaningful for children, adults often find play interactions uncomfortable and even anxiety provoking. Attempts made outside the counselling situation are performed, if at all, in the absence of immediate reinforcement, support or feedback. Even when there is a positive return from the child, the parent for whom negatives have become a habit, often fail to perceive these "strokes." New parenting techniques also force adults into confronting perceived difficulties in their own parents. A mourning process often follows in thoughts of what they had desired but was lost or never achieved.

In the conjoint play therapy technique the counselor is in an optimal position to be a role model thus teaching new ways of interaction and communication in addition to facilitating the learning of new skills "by doing." The counselor is readily available to provide immediate reinforcement and can directly demonstrate support for the parent in new ventures. During the sessions, the parent ceases to play a mere passive role as the recipient of the counselor's advice by becoming an active member in the therapeutic process.

The child care worker who is experienced in working with families is an excellent candidate to perform this technique. Child care workers possess a working knowledge of the therapeutic utilization of milieu. They are comfortable in play situations, in being a role model, in changing roles and in being observed in the milieu.

HOW TO ACHIEVE CLARIFICATION OF KIDS' VALUES

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HOW TO ACHIEVE CLARIFICATION OF KIDS' VALUES

Introduction to Values

Most all of us would agree that we have values but do not really know what they are or how to define them. Therefore, a functional definition of a value is: something that is freely chosen from alternatives, and is acted upon, that which the individual celebrates as being part of his creative integration in development as a person. Essential here is the point that a value is freely chosen from alternatives and is actually acted upon and lived out in one's life. We can in our imagination, "believe" that we have a value but never act upon it. The test of a true value is whether or not it is freely chosen and acted upon, and not only acted upon, but celebrated. We must enjoy that value in our life and participate in it. It must enhance our human development and for different people, this means different things.

By value clarification, we mean a methodology or process by which we help a person to discover his values through behavior, feelings, ideas, and through important choices he has made and is, in fact, continually acting upon in and through his life. Therefore, our objective is to teach young people, and each other, a process for clarifying and developing values - a process that we will be able to use throughout our lives. If presented effectively, this set of skills will serve young people long after they are beyond our immediate sphere of influence. This process leads not only to a greater sense of personal value in one's decisions and general well-being, but also to more socially acceptable behavior.

Seven Criteria Representing a Value

1.) It must be freely chosen. This might seem obvious, but often we are still living under values that our parents imposed on us. Very often we just act upon a certain value without thinking.

2.) It must be chosen from alternatives. In order to call something a value, we must freely choose it from among other alternatives. If we offer little Bobby a choice of going to bed without supper or missing his favorite TV program, he will choose one or the other. But it is not a real value, because what he really wanted to choose was neither one of the alternatives offered.

3.) The effects of the various alternatives must be considered. By the time we reach adulthood, all of us are aware that there are consequences for each decision we make. Children do not know this yet, and that is one of the reasons for teach discipline. Each decision we make or action we take affects others. So the consequences of each of the various alternatives must be considered.

4.) It must be acted upon by the person. In order for a value to be truly followed by a person, he must be willing to act on that value and live his life by it. For example, if he thought conservation was important he would recycle bottles, conserve water and gas, etc. These would be ways to express that value.

5.) It must be acted upon repeatedly. By constantly acting on this value the person would begin to be characterized by it. He would know that it was something that he prized.

6.) It must help the person achieve his potential. If you value something it is important to you. You believe in it and, even more importantly, you act on it. It is the basis for your actions and will help you to become the person you want to be.

7.) It must be publicly affirmed by the person. By this time, the value is well in the person's value system. Other people begin to know that person by the characteristic of that particular value. It becomes integrated into the person and therefore is automatic.

Setting the Climate for Values Clarification

The proper climate and setting is very important for properly administering values clarification exercises. The group leader will want to produce a relaxed climate, one which the participants will feel free to reveal their true thoughts and fellings. This can be accomplished by conducting the exercises in a comfortable setting, maybe even sitting on the floor drinking punch. Also, you will want to produce a climate of good listening. This can be done by being a good listener yourself and setting some ground rules that only one person will be able to talk at once. Also, having a certain scheduled time each day or week for these exercises lends itself to a certain amount of expectancy from the group members and it gives them something to look forward to during the day or week. Also, you may want to present your own views on a particular subject at the end, so as not to have your views effect the group as a whole.

Example of a Value's Clarification Exercise

One of the most basic exercises in value's clarification is the ranking of one's values. Value-ranking is simply the process whereby a person examines, as comprehensively as possible, all of his values and then ranks them within a hierarchy of values. This is a very good introductory exercise for it does not touch on deep personal convictions and moreover it gets everyone in touch with their own set of values. Growths and personal identity are accomplished when an individual has the opportunity to clarify his attitudes, weigh the priorities operative in the formation of these attitudes and come to chosen rankings which will please him as an individual.

In value-ranking we are exploring the interrelationship of values within any given individual. It is important to realize that a person can have

any number of value stances on an almost unlimited number of issues in life. The issue here is not whether a person has the right or wrong values, it is that a person should be aware of what his hierarchy of values are.

A list of 17 different adjectives were given, each describing a value one may have. Some examples are: ambitious, broadminded, courageous, forgiving, logical, loving, polite, and self-controled. The task is to arrange them in order of their priority or relative importance to you. A number 1 would be placed next to the value which is most important for you; a 2 would be placed next to the value which is second most important to you, etc.

One of the surprises to many people is that their rankings differ dramatically from others' rankings. However, by taking the time to identify and rank values, one will have a better idea of how one relates to the world.

Conclusion

There are hundreds of excellent value clarification exercises which may be used with groups of any size and/or age. Listed in the bibliography are four very good books by well known authors in the field of values clarification. The books contain exercises which can be used and adapted to fit any need the group you work with may have and they may be obtained at almost any public library.

BASIC CHARACTERISTICS OF PERSONALITY NEEDS, AND DEVELOPMENT

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BASIC CHARACTERISTICS OF PERSONALITY NEEDS, AND DEVELOPMENT

The purpose of this workshop and presentation is to increase awareness and knowledge of child development and personality. Participants will broaden their knowledge of basic and developmental needs through life experiences.

Insights into the effects of culture on personality and development will be explored.

Maslow's hierarchy of basic needs are needs that every man is constantly searching to attain. They begin with the basic physical needs and progress to safety needs, then to needs of belonging and love, moving towards the higher social needs of self-esteem and self-actualization.

Each individual is constantly working on and developing basic needs. A good foundation at the lower level of the hierarchy, physical and safety is necessary to build a sturdy well adjusted individual.

Behavior is a method used to meet needs. Therefore, all behavior has meaning. For example: A person striving to meet the basic need for love may manifest one of the following behaviors: (a) be the life of the party; (b) become a person of the helping profession; (c) participate in numerous sexual episodes; (d) become bitter, or (e) attach others. Behaviors for the same need maybe manifested in various ways. The primary care worker must be aware of the child, his development and personality in order to distinguish what underlies the behavior.

Methods to assist people in meeting their needs are:

1.) Create a secure environment

2.) Understand an individual's past

3.) Develop a plan of core in conjunction with a team

4.) Have patience

5.) Provide support

6.) Be ready to assist whenever needed

7.) Respect the uniqueness of the individual

8.) Be sure to pay attention to all needs instead of specific

Developmental needs are needs that are sequential. Once they have been satisfied it can become a past event. Each need is characteristed by stages. Each stage is accompanied by a critical task (emotional tasks) that must be completed before the need is fully met. Each individual moves through each stage at his own speed. If one stage is incomplete, others following will be met inadequately. Moving from one stage to another is a scary, shakey time, some regression may be evidenced at this time. It is important to provide support so that he may develop to his potential. In each stage three forces operate. (a) Leaving one; (b) main task in present; (c) looking into next stage. If one stage is inadequately met, a child or adult can be taken back to re-do and establish a sound foundation.

It is important to deal with a child or adult at this functional, not age, level.

STAGE I

Infancy - Trust or Mistrust

Task

Requires someone else to supply food, warmth, shelter. Develop cornerstone of a healthy personality.

STAGE II

Early Childhood - Autonomy vs. Shame and Doubt

Task

Child learns to move on his own. Increases independence.

STAGE III

Play Age - Initiative vs. Guilt

Task

Imagination expanded. Establish conscience. Beginning to take responsibility.

STAGE IV

School Age - Industry vs. Inferiority

Task

Learning how to do. Accept instruction. Increased emotional.

STAGE V

Adolescence - Identity vs. Identity Diffustion

Task

Who they are, what they can do, where do I fit in, what are my values.

STAGE VI

Young Adulthood - Intimacy vs. Isolation

Establishing intimate ties -- lasting relationships.

Those children in care who are retarded socially, intellectually, or emotionally are functioning at one level. As child care workers, our job is to identify the functioning level and structure appropriate to the functional, not age, level of the individual.

Culture affects a child and his development. Social institutions are reflections of personality forces within a society.

Abraham Kardiner sees child-rearing as a primary institution in society. Child-rearing performs a crucial role in the formation of personality characteristics.

In dealing with children, assessing their needs, and developing a plan of care it is important to realistically see each person as unique. Every individual has their own set of life experiences, their own cultural heritage, their own way of responding to situations, and their own way of performing to their capabilitites. It is important to realize that while every man exhibits commonalities such as basic and developmental needs, these needs will be met differently, as determined by each individual's life experiences, background, and cultural norms and standards.

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BEHAVIOR MODIFICATION FOR EMOTIONALLY DISTURBED CHILDREN

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BEHAVIOR MODIFICATION FOR EMOTIONALLY DISTURBED CHILDREN

Behavior Modification is a term which is now used so widely and loosely that it's meaning has become rather nebulous. Mikulas (1978) speaks of behavior modification as the "application of experimentally established principles of behavior to problems of behavior" (p.2). He says that "behavior modification is sometimes equated with applied operant conditioning" but that behavior modification includes much more than that alone. He clarifies the meaning of the term even further by pointing out that behavior modification is also "structured learning in which new skills and other behaviors are learned, undesired reactions and habits are reduced, and the client becomes more motivated for the desired changes" (p.2).

The primary principle associated with behavior modification, including the token/point economy described by the presenter of the workshop, is that of reinforcement. A reinforcer is anything occuring (a stimulus) which increases the frequency of a certain behavior. Usually a reinforcer is pleasant or agreeable to the individual in question, but the reinforcing quality of a given stimulus can vary as much as the personalities of the individuals. In other words, a stimulus which is highly reinforcing to one individual may not be reinforcing at all to another. Skinner (1953; 1972) believes that almost all behavior occurs in an individual because in some way that particular behavior has been reinforced by consequences (contingencies) in the past. In order to modify or change behavior, one must find out what stimuli are reinforcing to the individual in question, and then apply them in a structured, organized manner.

The main focus of this workshop is to discuss the application of behavior modification techniques and principles to an open residential child care setting for emotionally disturbed youngsters. Several areas will be discussed, but mainly: (a) reasons why a token economy behavior modification system can be useful and effective; (b) general procedures and principles as related to application in such a setting, and finally, (c) the steps to follow for implementing a token/point economy behavior modification system at the agency where you work.

A token economy behavior modification system provides a more highly structured environment with clear expectations -- and consequences -- for the children, many of whom have come from chaotic, very unstructured home environments. It also provides a way of monitoring progress as well as areas of particular concern, for the individual children.

By using a token/point economy system, the responsibility for determining how pleasant or unpleasant life at the agency will be for the child is placed, for the most part, on the child. Special activities and privileges are earned so the child cannot "play the victim" and complain to staff that they are favoring other children when he is not among those included. Such reinforcers as points, behavior mod store cents for purchasing back-up reinforcers, late bedtimes and special activities/trips provide incentives for the child to work on his behavior problems. Such reinforcers can be especially helpful with emotionally disturbed children who have little or no trust of adults upon placement, and are unresponsive to social reinforcement. Social reinforcement (praise and encouragement) should nevertheless be used, even if it initially evokes little or no response from the child.

Lastly, the record of daily point totals provides a concrete, visible record for use in evaluating the kind of progress -- or lack thereof -- which the child has been making. This can be especially important in view of the ever increasing emphasis on being able to show the funding sources that the children are in fact benefiting by their placement. Even though daily point totals can be useful, the value of daily, or at least weekly, logs on each child should not be underestimated.

A number of general guidelines or principles related to the implementation and use of a token/point economy behavior modification system should be mentioned. Even though behavior modification theory (Mikulas, 1978; Skinner, 1953) stresses the value of reinforcing appropriate behavior, punishing or fining negative behaviors is in many instances more practical and workable. The theory suggesting that one reinforce incompatible desired behaviors rather than punish undesired behaviors is a sound one, but all too often it is simply too impractical and cumbersome to carry out with a large group of children in a residential setting. Charting target behaviors (i.e., behaviors which one wishes to extinguish or promote) is an important part of such a system as it enables those administering the system to evaluate how it is working with individual children. In addition, it is often useful to individualize the system for children who do not seem to be responding well to the group oriented program by contingency contracting. A particular child may find the reinforcers built into the system rather unmotivating, and may need a personalized behavior modification program to work on his/her most salient problems. Another valuable aspect of individualized contingency contracting is that the child is involved in the drawing up of the contract, so is more likely to go along with it and work on the designated behavior problems.

In all token/point economy systems tokens (or points) should gradually become less and less important for the clients until finally natural and/or social reinforcers become sufficient to maintain desired behaviors. (Ayllon & Azrin, 1968) They also point out that it is best to reinforce with tokens (or points) only behaviors which will be reinforced naturally outside the system.

As useful as a token/point economy system may be, it is still necessary that a certain amount of control be established by the child care workers. Only by seeing that adults will control them physically when they are unable to control themselves, can emotionally disturbed youngsters feel secure. Control also involves the use of fines and restrictions not directly tied into the token/point economy system and they are a necessary part of the overal behavior modification program.

Even though behavior modification theory does stress the value of reinforcing appropriate and ignoring rather than disciplining inappropriate behavior, this is not only impractical but often dangerous to implement fully as far as group treatment is concerned. Fining or disciplining the negative (anti-social) behavior is unavoidable. It should be recognized that these anti-social behaviors have widespread implications in a group setting and simply ignoring them can be counter-productive because:

1.) They are often contagious in a group setting (e.g., a defiant attitude).

2.) Some are clearly dangerous and infringe on the rights of others.

3.) They interfere with the creation of a "just and fair community" -- something which is crucial to ethical development and therefore moral action (Kohlberg; in Lickona, 1976).

4.) They interfere with the relational aspect which is so critical in child care by allowing an atmosphere to develop where there is an adversary relationship between children and child care staff. When child care staff are "firm but fair" positive trusting relationships between children and staff have a much better chance of developing.

It can't be overemphasized, however, that the building of relationships with children is the key to effective child care and that any system is only as good as the quality of the people implementing it. Brendtro in The Other 23 Hours (1969) puts his finger on the key to progress in a disturbed child, and that is through the development of a meaningful relationship between the child and his adult caretaker(s). He states that establishing a relationship involves three main elements:

"1.) Increasing the child's communication with the adult.

2.) Increasing the child's responsiveness to social reinforcement provided by the adult.

3.) Increasing the tendency of the child to model the behavior of adults" (p. 54).

The development of trust and a positive, growth enhancing relationship can occur best when child care workers are, as was already stated, "firm but fair."

There are a number of steps to be followed in implementing a token/point economy in a residential center for disturbed children: (Goldblatt, 1979)

1.) Secure complete support and backing from the administration.

2.) Other staff members (e.g., custodial, clerical, clinical) must have some understanding of the system and be tied into it.

3.) The system should be explained to the children's parents.

4.) Studies, evaluations and observations should be carried out in order to clearly understand each child's strengths and weaknesses, in other words, his capabilities.

5.) Teachers, child care workers and other staff who will be directly involved should have a training program about the system.

6.) Identify and designate specific behaviors one wants to reinforce, establish, or extinguish.

7.) Devise a recording system to keep track of behaviors, accrued points, etc.

8.) Make a manual explaining all the rules of the system, including such possibilities as arguing about points.

9.) Devise times and methods to give out tokens, how to show points accumulating, etc.

10.) Select a medium of exchange and figure out how the back-up reinforcers are to be given out.

11.) Select meaningful, desirable reinforcers. (The children can help in this by indicating what they like and don't like).

12.) Have a dry run. Begin to score behaviors and count points without letting the children know.

13.) Introduce the program to the children by describing the mechanics of the system and perhaps putting on a play or showing a film.

14.) There should be a mechanism for getting off (being weaned from) the system as well as a mechanism for going back on.

A token/point economy system is not a panacea in work with emotionally disturbed children, but it can be a useful therapeutic tool when used by warm and dedicated child care staff.

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STRESS MANAGEMENT FOR CHILD CARE WORKERS

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STRESS MANAGEMENT FOR CHILD CARE WORKERS

The well-being of the human service practitioner has traditionally been an implicit focus of training and supervision. Recent concern with work stress has resulted in a focus on the problems confronting human service workers and efforts to help workers enhance their stress resistance and recovery (Edelwich and Brodsky, 1980; Freudenberger, 1975, 1977; Greenburg and Valletutti, 1980; Hall, Gardner, Perl, Stickney, and Pfefferbaum, 1979; Maslach, 1976; Maslach and Jackson, 1979; Maslach and Pines, 1977; Mattingly, 1977, 1979, 1980; Pines and Kafry, 1978; Pines and Maslach, 1978; Seiderman, 1978; Shubin, 1978; Yager and Hubert, 1979). All stress is not undesirable but the concern here is with the negative stress which arises from those situations perceived as undesirable, painful, and challenging to the ability of the worker to cope effectively.

Burn-out refers to an extreme response to occupational pressure experienced as exhaustion resulting from excessive demands on the worker's energy and resources accompanied by a dehumanization of the caring process. It is increasingly recognized that work stress and burn-out are damaging to child care workers and to the quality of care they are able to deliver. This workshop focused on a discussion of the sources and symptoms of stress, and a review of specific ways in which child caring personnel can enhance their stress resistance and recovery.

While each person experiences stress in a unique manner, child care workers' reflections on sources of stress has led to the identification of some common stress-producing elements. Many agencies are seen as rigid, inflexible, and unresponsive to the views and needs of workers. Within agencies child care workers are often perceived as dispensible and easily replaced employees with little status or reward in the work setting. The increasing emphasis on accountability and documentation has led to an explosion of paper work for which few workers have well-developed skills.

As dedicated and concerned helpers child care workers inevitably experience the conflict between their commitment to provide for those entrusted to them and the reality that their resources both physical and psychological are frequently inadequate. Upon entering the field, workers also usually perceive themselves as concerned helpers whom society will value. In addition, experiences which support a sense of effectiveness are quite random and inconsistent. Severe disillusionment occurs almost universally early in the worker's career (Edelwich and Brodsky, 1980). The child care worker practices in a pressure "cooker" characterized by rapid information processing, decision making, and intense sustained interaction. There is conflict between client-care and managerial requirements. Daily practice is most often open to the view of superiors, colleagues, children, and occasionally to parents and the community.

The child care practitioner is called upon to be a fully human person, honest in interaction, and concerned with personal behavior and attitudes. Workers must remain fully adult, not identifying with the child or allowing the client to be an inappropriate participant in their own psychological conflicts. Feelings of anger, guilt, and potential loss of control challenge the image of helper and trouble many. The live-in worker's perpetual exposure to the stressful setting tends to intensify all the stress producing influences (Reed, 1977) and severely limits opportunities for withdrawal and personal recovery. The common characteristics of baby sitter, disciplinarian, and self-sacrificing martyr reflect the impoverished and inaccurate understanding of child caring work. Thus, the worker is often denied realistic psychological support from family, friends, and community.

Each person has a unique individual pattern of symptoms, behaviors, and attitudes in response to stress and since many child care workers are young adults some of the traditional stress symptoms may be masked (Hewitt, 1979). However, some components of burn-out seem to occur with regularity. Any particular person may experience only part of what is described here.

Burn-out frequently begins with a vague experience of discontent and chronic fatigue. The worker may feel irritable, rigid, and less empathic. Seldom is there a supportive response from supervisors and colleagues.

A diminishing distinction between personal and work life may also signal burn-out. Workers sometimes provide excessive extra service or just hand around after they are off duty. Workers also find it increasingly difficult to depart from the usual work pattern, participate in innovations, and be flexible. Rigid and stereotyped language also serves to distance the worker from client involvement and conserve his diminishing physical and psychological energy.

It is not unusual for several members of a work group to burn-out simultaneously. Group collusion, an interaction pattern characterized by an absence of sharing and collegeal concern, often becomes a predominant feature of staff relationships. Excessive stress is also likely to be manifested in physical symptoms, increases in accidents and injuries, and the use of alcohol, tobacco and mood altering drugs.

In order to preserve the freedom to sustain the caring commitment and/or to follow the directions of personal development each worker is encouraged to develop a personal stress management program to enhance his stress resistance and recovery.

Personal motives and needs as well as the supportive and refreshing nature of personal life provide an essential focus for review. Effective transition from work to personal life, regular physical exercise, relaxation techniques can be developed. The use of exercises and activities which employ imaginative thought will aid cognitive and perceptual flexibility.

A well managed agency contributes to stress management (Ayres, 1977). Personnel policies and procedures, job descriptions, scheduling, supervision, and training can all be reviewed and modified to take into account the problem of stress. Workers should also be provided with an understanding of the stressful conditions they are likely to encounter (McLean, 1974).

Training programs can be encouraged to include a range of clinical and indirect skills which will allow for reasonable flexibility and opportunity in career development.

Each participant was again encouraged to develop a personal stress management program.

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REDUCING THE MENTAL HEALTH HAZARDS OF ENVIRONMENTAL SITUATIONS AND LIFE CRISES IN CHILDHOOD

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REDUCING THE MENTAL HEALTH HAZARDS OF ENVIRONMENTAL SITUATIONS AND LIFE CRISES IN CHILDHOOD

The present state of the art in mental health tends to focus on applying interventions after the fact, that is, after the manifestation of symptoms. The focus of this presentation is on the prevention of symptomatology through the mobilization of emotional responses available to children and their families. Well-being (Mental Health) is proportional to the decrease of contributing organic and stress factors; and the increase in coping skills and competency building. As a means of identifying strengths and weaknesses three areas of assessment should be considered: risk factors, life events and vulnerability.

Under risk factors there are two categories: those which are determined and those which are changeable. Examples of determined risks include permanent disability, neurological deficits, effects of poor prenatal care, and genetic defects. Changeable risks are such environmental situations as social isolation, cultural deprivation and poor nutrition.

Changes in life events require a change in both expectations and support groups. When assessing this area the number of changes is as important as the type of event. A high number of events, even if viewed as positive, may serve to overload an individual's capacity to cope. There are two basic types of life events to be considered: developmental and situational. Entry to first grade or college are examples of developmental events. Death of a parent, divorce, victim or witness of a violent crime, tornadoes and floods would be situational events. The stage of development at which an event occurs has significance in terms of degree of stress. Pregnancy at age 14 presents a higher risk of mental health problems than at age 24, all other factors similar.

Vulnerability refers to the individual's psychological ability to cope with stress. The overprotected child is underexposed to stress. This child has not had opportunity to develop "mental muscles." The unprotected child is overstressed. Vulnerability is lessened by skills and support systems. Ego strength and intelligence would be considered skills. Family, social, religious, and self-help groups facilitate support. Supports need to be assessed for quality. An abusive or alcoholic family is a negative environmental situation offering little support.

INTERVENTIONS

The goals of intervention are to develop coping skills or reverse maladaptive coping mechanisms. The methods to be employed are communication,

clarification, support and mobilization of manageable anxiety. Any crisis intervention presents an opportunity for the child to reorganize the building of coping competencies.

Psychological Immunization

Immunizing against hazards to emotional well-being is analogous to small pox vaccine. A low dose of the stress/virus sets in motion the development of adaptive mechanisms to prevent escalation to pathological proportions. This means for the child care worker to use everyday events which are mildly stressful as opportunities to build "mental muscles." When the children observe a dead animal on the playground the worker should take the time to help the children deal with the concept of death.

Anticipatory Guidance

Anticipatory guidance is the psychological preparation of a person for a specific forthcoming life stress. The worker wants to create manageable doses by breaking big stress into small components. The overwhelming feeling a child can have when faced with a change in placement can be made more manageable. Some ways to do this include correction of erroneous fantasies; supplying facts about the everyday routine of the placement; encouraging expression of feelings about the change; and allowing the child to use play activities in order to master the experience.

Catastrophe Planning

Catastrophe planning is encouragement to acknowledge a probable or definite stressful event involving planning for the future. The threat of evacuation due to a nuclear accident can be made more manageable through activities directed towards mastery in advance. The use of reflection and fantasy, as well as information of procedures for evacuation, serve to minimize the emotional turmoil.

Desensitization

Desensitization is a focus directed towards mastery of previous events which were experienced as devastating, disorganizing, and disruptive. Regression, magical thinking, and "if only-guilt" syndrome are common reactions to stressful life events. A child who has been abused can re-enact the situation in play in order to re-experience the anxiety at a more manageable level.

Child care workers have available to them numerous resources for intervention. Expressive activities of art, drama, puppetry, poetry, and song writing, and storytelling are excellent avenues for mastery of stress. Discussion groups provide a means to dilute emotional reactions through reality testing, clarification and support. Visits to fire stations, theme movies and books can serve as a stimulus to develop coping skills.

LEVELS OF INTERVENTION IN THE CHILD CARE FIELD

The adult's job is to make it permissible to verbalize feelings by creating a climate in which communication can occur without forcing the child.

Parent Level

Whenever possible, it is preferable for the parents to be the giver and receiver of communication interventions. The worker can facilitate this happening by helping the parents to help the child.

Worker Level

The child care worker may be the best person to use interventions when the event occurs in the here and now; parents are unavailable or the event is personal such as leaving the agency.

System Level

The agency can initiate prevention actions around predictable crises in the system of care, i.e., pre-visit before placement. Another situation calling for a system level program would be after the fact, crises like fires that destroy part of the agency.

Co-worker Level

Co-worker level includes activities directed towards building support such as orientation for new staff. This vehicle serves to reduce the stress of the unfamiliar and alleviates misconceptions about the rationale for particular policies of caregiving. It increases sensitivity to the needs of children in the setting.

One should keep in mind that all efforts directed towards reducing the effects of mental health hazards frees up energy for the child to use in growing up rather than merely maintaining functioning.

TRAINING FOR THE RESIDENT ADVISOR: AN EXPERIMENTAL MODEL

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TRAINING FOR THE RESIDENT ADVISOR: AN EXPERIMENTAL MODEL

Because of heightened social awareness of issues involved in providing quality services to developmentally disabled persons (e.g., Wolfensberger, 1972) as well as enlightened judicial decisions mandating the creation of more normalized community alternatives to institutionalization (e.g., Wyatt v. Stickney, 1975; Halderman v. Pennhurst, 1977) the demand for effective community-based alternative living arrangements (ALA) for developmentally disabled individuals is escalating at a rapid pace.

As this commitment to community-based services continues to broaden, the need for trained, competent direct service personnel will become increasingly critical (O'Connor, 1976; Fiorelli, Note 1; PARC, Note 2). This will present a great challenge for manpower training and development in ALA services during the next several years. As a result, comprehensive, systematic training must be provided which will insure the availability of a stable and competent pool of direct service ALA personnel able to serve all developmentally disabled individuals, including the more severely mentally, physically and behaviorally impaired.

The present project is seen as an initial step in providing preservice training to individuals interested in pursuing careers in the provision of community-based residential services to developmentally disabled persons. The project has three major objectives: (a) to conduct a comprehensive inventory of existing ALA training resources provided by the Commonwealth of Pennsylvania's post secondary schools and state departments as well as a national review of existing training programs and curriculum resources; (b) to develop a curricular model preparing preservice personnel to become direct service ALA personnel; and (c) to develop an implementation strategy for disseminating the preservice ALA curricular model within the Commonwealth's system of higher education.

This presentation, while providing an overview of the ALA training project, will focus on objective (b), the development of a preservice curricular model. The curriculum to be developed is to be competency based, and will utilize both preservice and continuing educational approaches to training.

PROCEDURE

Competencies were identified via expert opinion, but studying existing curricula and by examining competencies delineated by other related human service disciplines as follows:

Expert Opinion

The project design called for the formation of a twelve member advisory committee, to be comprised of individuals from the following groups:

1.) Private and public community-based alternative living service providers.

2.) Developmental disabilities consumer and advocacy groups.

3.) State and county administrators.

4.) Developmental disabilities experts from colleges and universities.

An initial task of this group was to define the function and role of direct service personnel in ALA settings.

Existing Curricular Resources

An extensive literature review utilizing both computer assisted and hand searching of the literature has been conducted. In addition, a comprehensive statewide survey has been conducted within Pennsylvania among community service agencies, state departments and liberal arts colleges and universities in order to identify ALA training resources available within Pennsylvania. Extensive efforts have also been made to identify national ALA curricular resources which have included surveys of state MR administrators and university affiliated programs. The resources material which has been identified has been used to generate competencies, needed by ALA direct service staff. Furthermore, they will provide the basis for a bibliography which will support material for the implementation of the model training curriculum.

Related Areas

Competency-based training programs in fields related to ALA services were investigated. Competencies identified in these areas (e.g., special education, day care, social work) were drawn upon to provide suggestions for comparable competencies for ALA service providers. Methods used by these programs to assess and evaluate the attainment of competencies were also obtained and adapted for inclusion in the present model.

Practical Applications and Conclusion

The curricular model will be targeted for the preservice training of ALA direct service personnel. However, parts of the curricular package may be very useful in the preservice and/or inservice preparation of other human service professionals, e.g., special educators, social workers, lawyers, child care specialists, as well as local, county and state

personnel involved with MR service delivery. It is expected that the curriculum will also meet the needs of existing institutional staff who need retraining prior to transfer to community-based service.

In our quest to deliver residential services in the least restrictive setting we must open the doors of our state institutions for as many developmentally disabled citizens as is possible. However, if this goal is to be successfully achieved, a necessary component yet to be developed is the creation of a stable and competent pool of direct service personnel whom are capable of providing a wide range of developmental programming within a broad continuum of residential and human service support models (Bilovsky & Matson, 1977; Zafras, Lovering; Robbins, 1975). Like other human service professionals, ALA professionals must enter the field with the status and expertise necessary to assure their role in the delivery of community-based services. Thus, the need for high quality training programs which are readily available at colleges and universities is imperative. The model curriculum which has been discussed herein hopefull will assist in our deinstitutionalization mission by helping to facilitate the building of a manpower pool willing and able to meet the community-based services challenge in the years ahead.

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CHILD CARE WORK AND THE DEAF CHILD

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CHILD CARE WORK AND THE DEAF CHILD

This workshop was designed to address parameters of child care work in residential school settings serving deaf children. Although many child care workers attending the workshop, both deaf and hearing, come from the deaf school setting, others came from treatment settings which use some manual communication with autistic children and severely disturbed children, some of whom are deaf. The deaf school child care workers approach their task as dealing with "typical" deaf children. However, they often become preoccupied with a segment of their population which appears to be atypical. The treatment center child care workers accept the pathology of their atypical children and seek to build on signs of "healthy" adaptation among their charges. Their attendance concerned the background of manual language and its value to non-deaf children with communicative disorders. The workshop became one in which all of the concerns were addressed, at least on an introductory level.

The nurturant and, at times, compensatory child-rearing function of child care in schools for the deaf was defined and the need for special consideration of the unusual variation among the children of a given age was revealed. Family variables such as hearing, hereditary deaf, adventitiously deaf parents, and socio-economic factors were discussed to support the observation that children of the same age entered deaf schools with good reasons for an extraordinary range of social cognitive, and communicative, sophistication. Myths surrounding what deaf children "ought to be like" were examined in light of the above, as well as changing trends in the etiologies and epidemiology of deafness.

The mediating function of the child care task with "atypical" children who may or may not be deaf was explored. The function of language as a developmental socializing fabric was discussed. The advantages of a formal manual language as an existing communicative tool being a "gift" from the deaf world to the neurologically or psychologically handicapped hearing child was considered as a potentially powerful means to enhance child care work with children who did not seem to use or respond to spoken language regardless of the reasons for that behavior. Illustrations of the use of manual language as a "bridge" to spoken language were discovered during the discussion of certain non-deaf children as well as for certain deaf children who had not been able to respond to speech reading techniques and oral training until after they had accomodated to a manually linguistic environment.

The workshop addressed the content of communication to which institutionalized children are often exposed. When children have little or no expressive language and are also institutionalized, language development which can occur may be skewed by staff use of communication, primarily as

a behavior control device. Background on the role of language in the development of individuation, self-concept, reality testing, and other landmarks of growth was introduced in order to illustrate the impact of an isolated language function on children who had yet to master its mysteries.

Participants who came from deaf school settings were encouraged to attend future workshops on child care practice using interpreters as needed, while participants from treatment settings were encouraged to expand their personal skills in the use of manual language.

PRIMARY PREVENTION PROJECT

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PRIMARY PREVENTION PROJECT

The Prevention Project, a parent education and support program, began in 1978 at the Child Care Workers 9th annual conference on "Professional Practice."

The role of child care work in relation to prevention of mental illness was one of the major themes of this conference. In looking at their work with children in residential settings, the child care workers were asked to outline the skills they felt could be best utilized by parents to support good family life, thereby decreasing the necessity of family dependence on the social service system.

With support from the Canadian Mental Health Association, Ontario Division, working groups in Toronto and Windsor developed the project design, course content, and instructor qualifications during the summer of 1978.

Phase I of the project highlighted the delivery of 13 courses to parents in the Toronto and Windsor areas.

Phase II was initiated at the May 1979 meeting of instructors and project advisors. The consumer input component of Phase I allowed for an adjustment of course material to more realistically meet the actual and varied needs of parents. Instructor feedback clearly recognized the concept of support to parents as fundamental to the process of parent education. With increased administrative efforts, throughout Phase II, eighteen additional courses were offered from September 1979 to May 1980.

The purpose of the Primary Prevention Project is to define and identify a coordinated approach to prevention by offering parents support and teachable skills, thus reducing the incidence and prevalence of emotional disorders in children.

Session I

Emphasis was on the importance of parental role and exploration of the positives and negatives of parenting expectations.

Session II

Communication - The 12 steps in the P.E.T. book, the sending and and receiving of messages, verbal and non-verbal "active listening" helps both parents and children solve own problems.

Session III

Food - Food as a means of communication, socializing, emotional needs and nutritional information. Trainers covered how to use shopping excursions, cooking in the home, how to create a good emotional climate at mealtime, who's at the meal, table setting and food-related difficulties.

Session IV

Routines - Routines were examined as to purpose, predictability (consistency) should be a positive experience -- discuss motivation (includes participation and planning tasks). What is satisfactory, what is dissatisfactory in routine?

Session V

Limits - Here the difficulties for parents were discussed. One particular area was the need to establish trust. Expectations should be clear and parents needed to stress disapproval of child's behavior. "Under control" -- proof of giving in versus "over control" -- rigidity.

Session VI

Consequence - Cause and effect. When and how to permit children to experience the consequences of experiencing their own. Alternate forms explored to usual punishment.

Session VII

Anchor Points - This refers to the time of day that parents and child relate to each other. Organizes both parents' and child's time, allows children to experience consistency, reduces confusion and discusses expected behavior at certain times and techniques to set tones. Parents are encouraged to analyze own daily routine. The main "anchor points" are wake up, bed time, meals, etc.

Session VIII

Play - Aims to get parents to relax and play. It encourages crafts (try to get parents to make toys out of things at home). The importance of play for children was discussed. The handout included games that could be played at home. Parents were encouraged to enjoy their children.

Session IX

School and Community Relations - What are existing structures -- teacher and parent responsibilities and interaction.

Session X

"Wrap-up" - Difficulties reviewers and groups often continued, parent evaluates course material. Used volunteer college students as babysitters so that both parents could be freed up to take the course. Evaluation is a soft core -- level of consumer cooperation. Were parents pleased, instructors observations of parents, referral persons' observations.

The skills that are taught to parents are the same skills that an affective child care worker needs to have.

CLOSING REMARKS BY:

Norman W. Powell

Sunday, October 12, 1980

Valley Forge, Pa.

SECOND ANNUAL

NATIONAL CONFERENCE

FOR

CHILD CARE WORKERS

First of all, I would like to thank all of you for coming to the Conference and supporting child care work and the advancement of the profession.

Clearly after hearing Fritz Redl and some of the things that he talked about and also hearing Dr. Morrison describe the challenges of the future, it is almost difficult to be optimistic. The theme of this Conference is "The New Decade - the Challenges, Leadership, and Effectiveness." Without question, this theme is one of relevance and one which is certainly timely. It is also clear that we as youth and child care work professionals will be met with challenges during the coming decade unlike any that we have faced previously. Exactly ten years ago on the eve of the previous "new decade," there was a federally appointed commission on mental health of children, and it produced a fairly thick document, and this document covered almost every aspect of the child and mental health problems. This document was supposed to make recommendations as to how the mental health of children in this country could be improved. In reviewing the document, I discovered that there was a whole section on child care work. Specifically there were twenty-five recommendations for the improvement of the field of child care work for the then "coming decade." If you have not read the Joint Commission study, I really recommend that you do so because it is very interesting and has a lot of statistics. But the other thing that really is surprising is that the recommendations that they had were excellent, and when I think of how some of us in our State organizations have grappled for ideas for training programs, we probably could have taken the Joint Commission recommendations and obtained a great number of ideas for establishing programs and projects for the profession. Again, these recommendations were made in 1970, the beginning of the former "New Decade."

Let me give you an example of some of the specific recommendations that the Joint Commission made in 1970. One recommendation was that degree programs at the AA and BA and MA level be established and supported by State, Federal and private funding. Another recommendation was that local, State and Federal support be given to the establishment of professional associations of child care workers. The reason they recommended the support was to enhance the esteem of the role of the profession and that of the individual worker. Another recommendation was that Local, State and National standards be developed which would govern the confidence and quality of the service provided to the children by the worker and the agency.

Today, October 12, 1980, ten years after this nationally prominent commission made their twenty-five recommendations, few, pathetically few, have been implemented in any significant way. And I remind you that this decade ended during the International Year of the Child. The challenges that this new decade presents to us are formidable. The organizational and personal leadership necessary to meet these challenges must be both effective and at the same time constructive. The challenges that this decade presents to the child and youth care professional are highly complex but certainly not unsolvable. These challenges without question will require creative and new approaches in dealing with old, difficult problems, and as Fritz Redl said, without forgetting "from where we originally came and what our primary function is."

I have a story to tell you. A personal story. The first agency that I had the opportunity to work at as a child care worker I was assigned to work with a little six year old Norwegian boy named Ola. I was new at this fairly respected institution in Washington, D.C. The turnover rate for staff was very, very low. The average was something like six years. I was given Ola to work with. He was a cute, blong babyfaced six year old boy. He had some interesting qualities, however. He was very aggressive, very vocal and had a great ability to use words. He had another interesting quality, and this was the fact that he was a soiler. This was a child who literally soiled his pants four or five times a day. They would be absolutely loaded with feces. Clearly no one else was anxious to get involved with any hands on work with this kid. I have never seen a six year old boy who literally could drive everyone in an agency up the wall. These are adults who had been in the field for years. So it was me and Ola. I viewed it as somewhat of a challenge, because this was an agency that previous to my coming never had had any black child care workers, so in a sense it was an experiment. I felt that I had to prove myself in two ways. So for me it was very important that I work with this child and be successful with him.

When he came to the agency he was at the level of six soilings a day, and of course he would load his pants and walk around, and he would be quite a mess. He also would refuse to let anybody touch him. One thing was very clear to me that I was not going to wash his pants for him. Nor was I going to punish him for filling his pants. So, with much difficulty and many, many struggles, we worked out a system where he, himself, would do it. I won't go into the treatment plan and how I did it, but the

point is, my goal over a year was to try to get the six loading a day down to three, and of course, hopefully, down to none. We went a whole year and finally the loading were down to three. I was ecstatic - I was just overjoyed! For me that was the first real successful experience I had had with a child.

In the Agency we had a Log Book in which we would report significant daily events. I was very, very excited about the success that I had achieved with Ola. So I wrote in the log book "Hurrah! Ola only had three soilings today. Success at last!" The next day I came in to the office to read the log. One of the members of the staff, a person who had been at the agency for a long time, not a child care worker, but from another clinical discipline, had written in the book. As you know, there is the saying "Hope springs eternal in the human breast, man never is but always to be blessed." What was in the book after my little statement about my success with Ola was "Hope springs eternal in the human pants!" It was a clever use of the quote but it was one of those backhanded put-downs, and I am sure the other clinical staff found it very amusing. Quite annoyed, relying on former English literature classes, and I then wrote in the log "When there is no hope there can be no endeavor." As for the rest of the story in terms of Ola - we finished the year out and I made the decision to join the Peace Corps, and was in the process of leaving the agency.

The last week before I was to leave, I noticed when I came in to work that Ola was very quite - he just didn't say anything. The whole week he was quiet. The last evening the kids were in bed, and I was going in to say goodnight, and went to all the kids in the dorm and said goodnight, and finally came down to Ola. I said, "Ola, I am leaving." He didn't respond, and while I was leaning over him and then began to raise back up he grabbed me around the neck and just held on. It was a very emotional scene. Then he just looked at me and said, "Norman, I don't want you to go." He then jumped up and went in his drawer and showed me the pants that he had worn that day, and they were clean. He said, "look, clean pants." There is no way that I can adequately describe the feelings that I experienced at that moment looking into the tear filled eyes of Ola, this little boy who all the experts said had no feelings.

As I said earlier, in assessing the national and the international scene and the future prospects of the economic and political implications for the child care worker in the field, clearly things do not look hopeful, and in a sense you could almost contend that "hope springs eternal in the child care field," and that may be true, but I still feel and maintain that "When there is no hope, there can be no endeavor!"

Thank you for coming and I will be seeing you during the decade!